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LECTURES ON AMPUTATION,

AND ON THE

Nature, Progress, and Terminations of the Injuries for which it is required.

(Delivered at Sydenham Coll. Med. School.)

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LECTURE VII.

Further conclusions from the statistical tables of the preceding lectures, in reference to causes of death in cases treated.—Inquiry into the diseased actions supervening on complicated injuries of the extremities during treatment, and rendering amputation necessary.

I CONCLUDED the last lecture stating, that there were further conclusions to be drawn from the tables under consideration, in reference to the diseased actions resulting from injuries of the extremities, and causing *death*, without the intervention of amputation. To these I would now draw your attention.

I think it has been demonstrated, that there are two sets of physical causes which have a striking and palpable influence, upon the nature, gravity, and frequency of occurrence of diseased actions, supervening on severe injuries of the extremities, and which either cause death during treatment, or render amputation necessary. First, The favourable nature, or otherwise, of the circumstances under which they are treated. Secondly, The nature and degree of the injury.

The relative frequency of amputation, and of death during treatment, as modified by the nature of the injury, was shown in the fourth and fifth lectures, as also the nature and character of those actions. The relative frequency of amputation in injuries involving the joints during the progress of their treatment, might be stated in the following relative numbers:—In joint injuries the proportion of amputations required to the whole number treated was 1 to 3.862, or 16 in 61 cases, including cases secondarily affecting the articulations. In *complete* fractures, not involving joints, and exclusive of *partial* fractures, 1 in 4.043, or 23 in 93. In reference to the proportionate mortality in these two classes of cases while under treatment, the tables show that in joint cases the deaths were 1 to 2.250; that is to say, of the 61 cases, 16 having been amputated, there remained only 45, in which the result of treatment could be seen to the end, without the intervening shock of an amputation; and of these 45, nearly one-half, or 20, died.

In the class of fractures, complete, but not involving joints, 70 cases thus treated to the end gave a mortality of 1 in 4.375; 23 of the original number of 93 having been amputated.

RESUMÉ.

	Joint Cases.	*Fractures only.*
Amputations	1 to 3.862	1 to 4.043
Deaths in remaining cases treated,	1 to 2.250	1 to 4.375

These, then, are the ultimate results of the influence of the nature of the injury on the proportionate frequency of amputations during treatment, and of deaths in the remaining cases treated to the end without operation.

The amputations slightly preponderate in joint cases; the deaths largely, in proportion to those resulting from injuries where the joints escape. But it requires to be borne in mind, that there was a greater disproportion in the primary amputations required by each of these classes—that the results I have just given are the results of cases *put under treatment*, and not including those amputated within twenty-four hours. If we refer to Tables I. and II., it will be seen that in joint cases the proportion of primary amputations to the total number of cases, was ..... 1 in 3.904; in severe fractures, joints escaping ..... 1 in 5.227.

To this part of the subject, however, I shall return, in speaking of the primary amputations. Another mode has been adopted, however, of determining the influence of *degree* of injury: in the Tables VI., VII. and VIII., you have seen 101 cases of complicated fractures (not involving the articulations), classed according as the degree made them favourable. Doubtful or unfavourable cases for treatment having reference to the prognosis of a successful issue. Here a still more obvious difference is made evident.

RESUMÉ.

Proportion of Amputations during Treatment.	Deaths in Cases treated only.	United Results not including Deaths after Amputation.
Favourable cases 6.111	..... 27.500	..... 5.000
Doubtful 1.846	..... 1.100	..... 1.714
Unfavourable 2.444	..... 1.000	..... 1.000

Glancing at the combined results as regards the number of amputations during treatment, and the number of deaths in those remaining and treated to the end, we find the influence of degree of injury shown in gradations. The two unfavourable results of a case, loss of limb or loss of life without amputation, are as 1 in 5 in favourable cases; more than half in doubtful; whereas none escapes from either the one or the other result in cases originally unfavourable for treatment.

But it is worthy of remark, that this scale varies when we consider the two results separately. In favourable cases, one-sixth demand amputation during treatment; in doubtful cases, somewhat more than half; in unfavourable cases, between one-third and a half; the remainder perishing; the cases of most favourable progress alone permitting amputation.

Other modes still suggest themselves of determining the degree in which these physical causes respectively, and in combination modify the morbid actions which determine the result of a case. Their relative importance is shown tolerably clearly in both the classes of injuries selected in the resumé I now place before you.

Statement of Cases of Amputations and Cases treated, included in Nos. I. and II., showing the relative Proportions of the Two Unfavourable Results—Amputation and Death without—under different External Circumstances.

1. *Under Favourable External Circumstances.*

	Proportion of Amputations.		Of Deaths without.		Combined disastrous Results.	
In injuries of articulations	in 34—10	3.400....	in 34—6	5.666....	in 34—16	2.125
Injuries not implicating joints.....	71—19	3.736....	71—3	23.666....	71—22	3.227
The two classes combined	105—29	3.451	105—9	11.888	105—38	2.763

2. *Under Partially Unfavourable Circumstances.*

Injuries of articulations	12— 2	6.0	7	1.416	9	1.266
Injuries not implicating	26— 2	13.0	9	2.888	11	2.365
The two classes combined	38— 4	9.500	16	2.157	20	1.900

3. *Under Unfavourable Circumstances.*

Injuries of articulations	15— 4	3.750	7	2.142	11	1.363
Injuries not implicating	34— 2	17.000	6	5.666	8	4.250
The two classes combined	49— 6	8.166	13	3.769	19	2.578
Total.....	192—39	4.923	38	5.052	77	2.493

Many interesting results are here brought out well deserving attentive consideration; but before proceeding to ultimate conclusions, I must refer to No. XV. We have seen, separately, the effects of external circumstances, and the effects of different kinds and degrees of injury; but this table shows at a glance the results of degree of injury and external circumstances combined, and was wanting to the perfect development of this part of the inquiry. By this we gain the following data:—

	Amputations.	Deaths in Cases not Amputated.
Favourable cases of compound fractures, treated under favourable circumstances	1 in 4.000	..... 0.
Ditto under unfavourable circumstances.....	1 in 1.700	..... 16.000
Doubtful cases treated under favourable circumstances	1 in 1.444	..... 0.
Ditto under unfavourable circumstances	1 in 2.000	..... 3.00
Unfavourable cases under favourable circumstances..	1 in 2.833	..... 1.00
Ditto under unfavourable circumstances.....	1 in 6.250	..... 1.00

The amputations are most numerous in doubtful cases treated under favourable circumstances; next, in favourable cases under unfavourable; thirdly, in doubtful cases under unfavourable circumstances. The amputations in favourable cases, and under favourable circumstances, are more numerous than might have been anticipated—6 in 24—or 1-4th, and is not easily accounted for, except that none of this class underwent primary amputation, and none died under treatment; it may also be assumed that, in drawing a line between classes of cases, some of the first must approach very near to the second; and the 6 amputations among the favourable cases may be so considered, as merging on the next or doubtful series.

From the facts and tables variously embodying them, to which I have drawn attention in this and the preceding lectures, I think the following are legitimate conclusions:—

1. That when circumstances are favourable for treatment, and the cases, from their nature, offer a fair chance of recovery, although a fourth may require amputation by the development of morbid actions, few or none will die under the treatment adopted, with a view to save the limb. Even in doubtful cases, although a large proportion, say one-half, may require amputation, yet few or none will die under the previous treatment if carefully watched, and amputation be not deferred too long. But in the treatment of unfavourable cases under the best circumstances, not a third will allow of amputation after the first period has passed, and all not amputated will perish. A portion of those operated upon who recover will be the only ones saved.

2. When the circumstances under which the treatment must be conducted are unfavourable, the number of amputations in doubtful and unfavourable cases for which there is opportunity, with a fair chance of success, is much diminished; and the number of deaths is increased in proportion. In favourable cases the number of amputations is, on the contrary, largely increased, and the deaths also, though in a less degree. The opportunities for amputation are most rare in unfavourable cases under unfavourable circumstances. On the deaths which take place in all not amputated in this class, external circumstances have no control, at least in so far as the *result* is concerned, although they possibly, in some degree, modify and control the character and duration of the supervening diseased actions.

3. From these general facts the last conclusion may be drawn, viz., that in favourable and even in doubtful cases, judicious treatment, if it will not always save the limb, at least need not cost the patient his life (unless in exceptional cases), if good judgment be exercised in stopping the curative treatment, and resorting to amputation at the proper period. Thus, in doubtful cases, much may be adventured, in the first instance, to save a useful limb. In unfavourable cases, on the contrary, amputation or death, sooner or later, are the only results that can be anticipated; and the only object and legitimate end of any treatment is to save the patient's life, until a proper or favourable period may be selected for operation.

When, as we proceed, the dangers attendant on treatment and the danger of amputations, at different periods, are brought out and contrasted, the best line of practice can be determined with considerable certainty; and the important bearing and application of the materials of these introductory or preliminary lectures, as they may be termed, will then be fully seen.

Before even these materials are completed, however, much yet remains to be done. Hitherto I have only inquired into the nature of such supervening actions as destroy life by their development. I proceed now to investigate and determine what are the supervening actions which render *amputation* necessary during the progress of treatment.

The Tables, Nos. III. and IV. (p. 433), will form the groundwork of the inquiry. The numbers stand thus:—

Fractures involving Joints.

Intermediary amputations	8
Secondary ditto	13
	21

Fractures not involving Joints.

Intermediary amputations	19
Secondary ditto	12
	31
	21
Total of amputations in both classes,	52

What were the supervening actions rendering these amputations necessary?

The results shall be laid before you, first, as regards the whole number of 52; secondly, as regards the two classes of cases of fractures simply, and complicated with injuries to the joints separately; thirdly, in reference to the gravity of the injury; and fourthly, with reference to the site.

In conclusion, I shall endeavour to demonstrate the influence of external circumstances on the character and frequency of those supervening actions, and how these various statistical results practically bear upon the periods for operation.

Supervening Actions rendering Amputation necessary during Treatment.

CLASS I.

23 Amputations were performed to arrest and, in some instances, to anticipate the full development of actions, general and local, having no prominent or specific

character, but threatening life if not arrested, and to render amputation impossible. In many unfavourable cases an opportunity was seized, during the intermediate period, before the full development of the inflammatory stage, in order to anticipate such actions.

Class II.

4 For actions chiefly or entirely local, having in like manner no very specific or peculiar character, but obviously rendering any attempt to cure the limb hopeless, and indicating, therefore, the necessity of amputation prior to the system's becoming too seriously implicated to permit the alternative.

Class III.

20 For supervening actions, local and general, having peculiar or specific characters.

3. Trismus.
7. Secondary hæmorrhage.
5. Sloughing or gangrene.
2. Periosteal disease.
1. Bad and sluggish action, leaving no hope of union.
1. Contraction of limb.
1. Pain and inconvenience in locomotion.

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The following abstracts of cases will not only serve to illustrate these classes of supervening actions as causes of amputation, but to define their nature more clearly:—

Class I.

Case 1.—*Injury of leg ultimately implicating knee-joint, and producing a state of general irritation and debility threatening life, and if longer permitted to continue, to render amputation impossible or hopeless.*

George Smith, æt. 32, a musket-ball entered the right leg to the outside, and at the lower margin of the patella, coursed downwards and outwards a length of six inches, and made its exit over the external edge of gastrocnemius, about four inches below the popliteal space.

Considerable constitutional disturbance, together with local evidence of mischief to the knee soon supervened, involving the thigh in extensive suppurative disease, marked by profuse discharge. Protrusion of cartilage later, proved the destruction of the joint. During thirty-five days great irritability, feebleness, together with disordered functions and want of sleep, marked the case. At this period pulse was 120, of moderate strength, but varying, and patient complaining of extreme languor and want of rest; bowels tolerably regularly acted upon; tongue moist, clean anteriorly, but covered with a dark fur behind; discharge profuse and unhealthy; numerous counter incisions had been practised; leg quite œdematous; obscure fluctuation in joint, and surrounding parts much diseased.

On the 35th day the limb was removed about the centre of the thigh: the ball was found to have traversed the popliteal space without opening the joint; there was a dry cavity in the internal part of the calf under the integuments. Another large cavity in the popliteal space, extending some way up, and containing a little matter; the cartilages of the joint had entirely disappeared; the ligaments were in a pulpy state, and the articular surfaces much corroded and ulcerated. Various openings communicated with the articulation.

For three months subsequent to amputation a doubtful struggle was maintained; stump took on diseased action; sloughing with hæmorrhagic tendency; bad discharge and collection of matter above, attended with fever; diarrhœa; disease of bone protrusion through skin, and finally exfoliation. He ultimately recovered, and was discharged with a good stump.

Case 2.—Class I.

Corp. Williams, æt. 23, a musket-shot passed obliquely through the external condyle of the humerus directly implicating the structure of the articulation, but without detaching any fragment of the bone. Ball removed on the 68th day from below the tendon of the triceps above the olecranon; amputated one hundred and thirty-six days after the injury; cured forty-one days; patient's health had been seriously injured by protracting the operation so long; he was emaciated; his appetite gone; diarrhœa had set in; constant and rather profuse discharge of fœtid pus from openings leading into the joint; arm remarkably wasted; bony anchylosis had taken place; soft parts surrounding the joint were converted into semi-gelatinous and cartilaginous structure; olecranon carious.

Class II.

Case 3.—*Illustrating the second class, or actions chiefly or entirely local, having in like manner no very specific or peculiar characters, but evidently rendering any attempt to save the limb hopeless, and indicating, therefore, the necessity for amputation prior to the system's becoming seriously implicated.*

Wm. Williamson, æt. 55, amputation was performed twenty days after the injury was received, which consisted of an extensive gunshot comminuted fracture of first phalanx of index finger; metacarpal bone of middle and comminution of nearly all the bones of the carpus. He refused to submit to amputation in the first instance: although the hand swelled excessively, no constitutional derangement was apparent. On the 9th day a considerable quantity of ill-conditioned matter was discharged from the dorsal surface

of the hand. On the 18th, it was observed to be in a very bad state; although the patient still remained free from much suffering. The constitutional disturbance was wonderfully slight, taken in connection with the incurable nature of the wound; the whole hand and wrist swelled; sloughing and suppurative action to a great extent; bowels regular; tongue clean. He was an old man, possessing a wonderful vigour of constitution. On the 20th day he consented, but the forearm had then become so extensively diseased, that it was necessary to sacrifice the elbow and amputate above. He bore the operation bravely; some slight disease of cellular membrane existed, even where the first incision commenced; carpal bones were found crumbled, and the articulation destroyed; partial disorganisation having also extended half-way up the forearm.

A good deal of diseased action supervened on the stump; he was cured on the 172nd day after amputation; tedious exfoliation having kept the stump open. The constitution seemed altogether unaffected during the whole period.

Class III.

Case 4.—*Periosteal disease; illustrative of third class or supervening actions, local or general, having peculiar or specific characters.*

S. Bagley, æt. 21, wounded Jan., 1833, near Oporto. Case of gunshot fracture of ulna involving elbow by the spread of periosteal disease.

First day after receipt of injury. Pulse full; tongue loaded; bowels well opened. V.S. ad ℥xii. Second, Slept badly; much tension of forearm with redness of integuments; tongue cleaner; pulse hard. Third, Better in all respects. Fourth, Health good; wounds discharging, and the suppurative process commencing. Fifth, Sloughs detaching kindly. Sixth, Wound more painful. Seventh, Slept very badly; complaining of great pain in arm and hand; bowels confined. Eighth to tenth, Some amelioration. Eleventh, Two large excrescences protruding at the entrance and exit of the ball; the whole arm red and swelled, and exquisitely tender to the touch; the integument pitting, on pressure, and giving an obscure sense of fluctuation; forearm laid freely open between the wounds; pulse sharp and jerking; the incision bled considerably. Twelfth, Arm less painful and swollen; discharging freely; pulse better, and he slept during the night; tongue foul; bowels confined. From thirteenth to sixteenth, Improving locally and generally; surface cleaning, and becoming covered with healthy granulations. Seventeenth, Smart hæmorrhage from posterior wound checked by pressure. Twentieth, Going on well, though feeling much weakened. Thirtieth, Two previous days deteriorating; pain of joint; arm, as high as insertion of deltoid, swelled; granulations high, glazed, white, and flabby; a small sinus found on top of elbow, and leading to rough bone. Thirty-ninth, Forearm laid open nearly the length of the ulna through the puffy swelling; a smart hæmorrhage followed. Next day patient felt relieved, as on a previous occasion, by the incision, which gapes widely; bone beneath denuded, rough and carious; pulse febrile and jerking; occasional hectic spot on cheek; tongue clean, and he is in good spirits; warm and soothing applications chiefly employed; bandaging and regulated pressure for a short period substituted. Up to fiftieth day the patient continued with no material change, the arm discharging considerably, and his strength becoming more exhausted without a hope of improvement in the state of the arm. Amputation was performed; very little febrile action supervened; the stump united in a great measure by first intention; ulna was found corroded in its whole course; elbow-joint also deeply involved by extension of periosteal disease.

I have given the details of the last case at some length, because the peculiar diseased action is of rare occurrence, and the progress of the symptoms is not otherwise void of interest.

With these examples, the classification I have adopted will be better understood. In the next lecture, by a comparison of the character and proportionate frequency of those actions which render amputation necessary, with those already analysed as causes of death during treatment, I trust to lead you to another series of conclusions having immediate practical application.

CLINICAL REMARKS

BY

Dr. SEYMOUR;

DELIVERED IN ST. GEORGE'S HOSPITAL.

PLEURITIS.

Whenever you meet with a case of pleuritis, having a modified character, and assuming a sub-acute type, you must not be induced to bleed your patient to so full an extent of depletion, as if the disease assumed the simple and uncombined form of acute severity. In such a case as I have described, the affection is most commonly of a chronic character; and lymph may be poured out, glueing together the opposing surfaces of similar structure; and in such cases there is no remedy whose power is more efficient than mercury, given so as to affect the mouth: the moment this therapeutic action shows itself, the patient is cured. This is the sure and general principle to be followed out in such cases; but it must be modified in some special instances. There is no point of practice which will re-

quire an acuter judgment, than to ascertain how far you may push mercury with benefit to your patient's health, and your own professional reputation. You had better always stop the mercury in these cases the moment the mouth becomes affected; by which means you will free yourself from much professional distress and anxiety. You will occasionally, indeed, meet with people who will never forgive you if they find that, though you may have cured them of an otherwise fatal disease, they have lost a tooth, or anything else, from being thus cured.

DISEASE OF THE KIDNEY.

Where you meet with a patient who has albuminous urine, you may form a pretty correct diagnosis that the kidneys are diseased. In these cases the albumen is taken away from the blood; the urea in the blood is not properly eliminated; and the nutritive portion of it is taken away; the system is, as it were, poisoned, and the patient has an unhealthy, pale, and flabby countenance, from the causes I have just enumerated. There is a man up-stairs who is labouring under this form of disease, and whose kidneys secrete more urine than natural. His disease develops itself with that pathological appearance, of which you meet with so beautiful and accurate a picture in Dr. Bright's invaluable work. [One of the drawings in the volume alluded to was handed round.] The secreting structure of the kidney appears to be taken away, and in its stead you have a deposit of granular matter, with the elementary formation and growth of which pathologists are not correctly acquainted. It is not a lymph poured out as the result of inflammatory action, but it is a morbid structure which interferes very greatly with the function of the organ in which it is deposited. In this peculiar affection of the kidney, inflammation is very apt to set itself up in some other part of the body. This is to be treated on the same general plan as though it were totally independent of any other abnormal action going on in any other part of the body. In this case you are aware that the rule was followed out with the utmost success.

In another case of disease of the kidney, in the same ward, the patient has secreted the extraordinary quantity of three quarts of straw-coloured urine in the day; it has been tested, and found to possess a very low specific gravity. I ordered her to have some opium to diminish the unusual quantity of this secretion. In former times her disease would have been called diabetes insipidus. I have known opium to be of the greatest service in such cases. I recollect a man, who was formerly in this hospital, who had severe vomiting and increased secretion of urine; and in his case opium had the happiest effect of relieving both his symptoms, and eventually cured him. I have, in such cases, given as much as one scruple of solid opium three times a day, and in some cases even more than this; it has the effect of removing the saccharine quality of the urine, and saving, eventually, the patient's life.

DISEASE OF THE BRAIN.—DELIRIUM TREMENS.

Delirium tremens is brought on either by excessive drinking of beer, wine, or spirits; or from taking excessive quantities of opium, as in 3ij. or 3iij. doses. If the disease arise from spirit-drinking, opium will cure it. Delirium tremens is a very strange and singular disease, and can seldom fail of being recognised after being once seen. You will go into a room and hear a man talking incessantly, yet every muscle of the body will be in a constant state of tremulousness; the very bed on which he lays will shake under him. In such a state the irritable action of the brain, arising from a deficiency in the supply of blood to that organ, is unable to regulate the external motions of the body. In such a case, strong stimulants, combined with opium, are the best remedies. If it arises from gin-drinking, you must give gin, with small doses of opium. I could hardly trust myself to tell you, with truth, of the enormous quantities of stimulants and opiates which have been given in such cases. I once attended a patient labouring under this disease, with Mr. Bowling, of Hammersmith, in which the amount of the remedies that were administered was so enormous, that I am afraid to trust my memory with them, as I took no note of the quantity at the time; but I can safely charge my recollection with having given from 900 to 1000 drops of laudanum in one night; and, in combination with this, I have administered various other stimulants suitable to the case. If in such cases the irritation arose from the circulation of an unusual quantity of blood in the brain, then it is manifest that all these remedies, of which I have spoken to you, must be wrong; but as it arises from a precisely opposite cause, the remedies best calculated to meet that state are those which I have named to you.

Now, you know that this patient's original disease was an affection of the kidney, and that his urine was highly charged with albumen, and it is not probable that this state of things arose from asthenia. This man's age was 53; and after 45 years there takes place a great change in the left side of the heart and larger vessels, arising from a diminution of the elastic structure of their coats, and this gives a certain hardness of pulse to the artery in the left wrist. The hardness of pulse, therefore, in such a man may be considered as modified by age. Mr. Hammerton, who saw him, was much alarmed by his symptoms, and considered them to arise from delirium tremens, which has induced me to give you an outline idea of this disease. But however altered his pulse might

be by age, it was yet full and bounding, and as hard as need be; he was, therefore, bled, blistered, and purged, with the best effect, for he passed a quiet night. On the following morning he complained of severe headach, and his pulse was almost as hard as before, and he was ordered to be immediately put under the influence of calomel and opium. I may avail myself of this opportunity to tell you, that in the whole region of practical medicine there is no question of greater importance than when mercury is useful in disease of the brain, and when it is not. There is an inflammation of the brain which hardens and colours its texture, and this is seen after death. Where inflammation tends to glue and consolidate separated parts together, mercury is a sure and certain remedy. There was a man in York Ward, some years ago, who had repeated attacks of paralysis, from a low chronic inflammatory action of the brain, and mercury completely cured him. There was, I recollect, a somewhat similar case in a female under my care whilst physician to the Asylum for the Recovery of Health. That patient was, I remember, admitted with paralysis, and discharged cured four several times in succession, and on each accession she was cured by mercury. After fifty years of age, the most frequent changes of disease in the brain are apoplectic, from the alteration in the structure of the cerebral circulating vessels. There may be small apoplectic cells on the surface, or in the centre of the cerebral substance, from the rupture of minute vessels. Now, in all these cases, remember in your practice, that mercury does not exercise the smallest benefit. In this patient's case, to which I have alluded, it was inflammation of the brain or its membranes. Ramollissement of the brain is the result of a rupture of some small arterial points in the fine medullary structure of this organ. In the case of the late Sir Walter Scott,—I allude to it as a matter of historical record,—he was treated by repeated bleedings, which did not benefit him; nor would mercury have done so. After death his brain was found soft and pulpy.

HYPERTROPHY OF THE HEART.

The next case on which I have a few words to say, is that of our fat friend upstairs; I dare say you all recollect him. He has been a good fellow, and, doubtless, a jolly liver all the days of his life, for he looks in the enjoyment of most robust, and is indeed, if I may say so, in too good a state of health. He has got simple hypertrophy of the heart, with supervening dropsy. He has taken various medicines to drain off this superfluous fluid, and among others, Dr. Beddoes's hydragogue electuary, consisting of jalap, cream of tartar, and honey. This has had the effect of diminishing his size considerably, and of hurrying away, he says, as many as twenty-four copious and watery stools. He will go out very much relieved, or, as he may perhaps consider himself, cured, and he will return to his own bad Falstaff habits, of immoderate eating and drinking, to which he will some day or other fall a victim.

DROPSY.—HEPATIC DISEASE.

In those cases in which collections of fluid arise within the abdomen from disordered structure of the liver, much or little may be done, according to the peculiar organic disease affecting that viscus. Where it is manifestly enlarged, mercury in some cases becomes a most efficient remedy. There is a case up-stairs of an opposite description to this, in which the liver is shrunken up to considerably less than its normal bulk, and its peritoneal covering is puckered up. In this case I gave elaterium, which I should tell you is only really useful in cases of anasarca, from disease of the heart; but it was of no service to him, and I discontinued it: but he had a swollen tympanitic belly, so I ordered him an enema of rue. Rue is a medicine which among the old physicians, Dr. Radcliffe in particular, had a very great celebrity: the late Dr. Maton, also, considered that he had saved many lives by its timely employment. I have found it a most valuable remedy in cases of abdominal tympanitis. This man had the injection repeated when necessary, and the relief he experienced from it was very great.

RHEUMATISM.

Since I last met you, there have been admitted five cases of this disease under my cure. I shall group these together, and offer you some general observations on the disease in question, although I have so frequently had occasion to call your attention to the subject of rheumatism, that what I may now say to you may but consist of what I have told you before. You will find in your practice, that rheumatism (so called) will be brought more frequently before you than you may at first expect; but the fact, however, is, that you will have people come to you with every sort and variety of pains, for all of which they will only find one word, rheumatism. I am now attending a gentleman who has had some rather severe affection of the kidneys, and he tells his friends that he has had rheumatism of the back; and some people will have a peculiar sort of headach, which they will call rheumatism of the head: in short, you will find your powers of diagnosis pretty smartly tried, in distinguishing between the various diseases which are said to be rheumatic, and those which are not so. Well, now you will find in books many various plans laid down for the treatment of rheumatism. In the cases now under our notice, you will observe that the period of their duration varies from eight days to three

weeks, and that some are more intense in the severity of the pain than others; so that the whole series will present you with a very fair example of the average cases of this disease that you will meet with. In some of these you will find that the pain is increased by warmth, whilst in connection with this latter symptom you find that the pained parts are covered by a moisture naturally exuding from them. This moisture does not relieve the patient of pain, but it points out one method of treatment applicable in such cases. You will find some physicians who treat these cases by bleeding only; others, on the contrary, never bleed at all: some give opium alone, others give it in combination with calomel. Now you are, many of you, aware of the peculiar plan of treatment which I have always followed in these cases: I generally premise a good bleeding, and afterwards administer the *guaiacum mixture*, and in a few days the patients are well. In the cases at present under our notice, I have followed out this plan, and you have seen how very successful it has proved. How the *guaiacum mixture* acts in these cases I do not pretend to say, except that it cause a profuse increase of the secretions from the skin, the bowels, and the bladder: I never find that it begins to effect a cure until all these are fully established.

NSANITY AND ITS TREATMENT.

In bringing before you the subject of insanity, I shall call your attention to a case which I have not hitherto read to you, in order that I might have the opportunity, more fully, upon it this evening. I allude to the case of that patient who died a few days since, and at whose post-mortem examination many of you were present yesterday. The man, it appears, had been a butler, and had, doubtless, saved up a sum of money, and had followed the ordinary orthodox method usually observed in these cases of marrying the cook. After performing this feat, it appears that he set up in what is called the "public line;" which in former days meant selling gin and whiskey, but has now degenerated into the sale of tea and coffee, and such like slops. The persons who call themselves teetotallers are greatly rejoiced at this improvement, though they are but little aware of the stimulating effect of large quantities of coffee. But the "public line" did not succeed with our friend, and, as a consequent result, he failed in the business, and became a bankrupt. Despair now seized hold of the poor fellow, and he one day made a desperate attempt to cut his throat. Raving mania quickly came on, and a medical man being called in, he was bled profusely; this mode of treatment was soon followed up by his being sent to the hospital. On his admission he was very noisy and violent, and required strong restraint; and on this part of his treatment I may observe to you, that although, most undoubtedly, measures of restraint have been too vigorously used towards insane persons, yet the contrary practice, of no restraint at all (of which the public papers are just now so full), is equally injudicious and absurd. This man would have dashed his brains to atoms on the floor, or broken his ribs against the wall, if judicious restraint had not been applied to check the morbid impetuosity of his actions: his mind was in a state of distressing fear and despondency, and he fancied himself undergoing all the pains and miseries of a world of torment. This, I should tell you, is a very bad symptom; and I draw your particular attention to it now, as it will serve to explain some of the principles of treatment which I adopted in his case. On his admission he had profuse perspiration, arising from violent muscular exertion, and a very copious secretion of urine. Throughout the whole of his case, there was something abnormal in the action of the bladder, as he voided blood with his urine on the day before he died; but this symptom might have existed before the supervention of the maniacal attack. The temperature of the body was at no time much above the usual standard of fever, and the pulse was but little accelerated. In addition to his maniacal excitement, he had a symptom which is a very common one in these cases; viz., a fixed determination not to take food or medicine by the mouth. This peculiar feeling in these cases generally ranges in the delusion of the maniac, as a consequence of the punishment under which he considers himself to be suffering; his bowels were confined, and, as we could not give him medicine by the mouth, it was administered as an injection per anum: in this manner he had some turpentine clysters, which set his bowels free. You may, perhaps, ask me, why I selected turpentine in in his case; I did it because it is a medicine of great efficiency in nervous diseases characterised by violent spasmodic action. A lady came to me some weeks since to consult me respecting her son who was subject to epilepsy. I ordered him equal parts of turpentine and castor oil every morning; and I heard, a few days since, that the epileptic attacks have very much diminished in frequency. With respect to the refusal which these patients employ against taking food, it has been argued by some physicians that the stomach will neither receive nor digest food in these cases, and, therefore, that there is a *bonâ fide* power at work preventing the patients from taking it. The late Sir George Tuthill held this singular idea to be true; but that it is a false one is abundantly proved from the fact, that the alvine evacuations of insane persons have all the correct characters of digestion and assimilation properly performed. I have often had occasion to observe to you, that every part of the human body is endowed with its due and appropriate amount of vita-

lity; and that, in addition to this, there are certain organs of the body possessing superadded powers, such as the elasticity of the skin and tendon, and the contractility of muscular fibre. Now, in obedience to this law, the brain possesses the powers of excitability, irritability, and volition, which enable it to receive and transmit impressions according to a certain healthy ratio. But this just balance of cerebral performance may be destroyed, and every morbid action may be universally increased, both in frequency and power. In a state of things like this, two varying methods of treatment have been adopted. Depletion has been carried to its fullest extent, and stimulation has been persevered in so as manifestly to increase the mischief it was intended to eradicate. In delirium tremens, arising from the increased stimulus of spirituous liquors, depletion is found to have an injurious tendency; and opium with milder stimulants than those which caused the disease, are found to be of the greatest service. This patient was put under the effect of *acetate of morphia*, with the good result of quieting the turbulence of mental and physical action. He began with one-third of a grain, which was gradually increased to half a grain, with a view of inducing increased quiet.

It is several years since that, in my capacity of one of the metropolitan commissioners of lunacy, I visited the Bethnal-green Establishment for Lunatics, and my attention was there drawn to the treatment of these distressing suicidal cases of mania by the acetate of morphia by the very skilful surgeons of that establishment, Messrs. Philips and Beverley. [Dr. Seymour here read some extracts from a small work written by these gentlemen, illustrative of the benefits of this peculiar treatment.] Within the last seven years, continued Dr. Seymour, I have had the opportunity of testing the efficiency of this remedy in eighteen cases of mania, characterised by a gloomy despondency, and a strong disposition to suicide; for it is in this peculiar class of cases that this remedy is found to be most available. In one of these, which presented a most formidable and distressing train of symptoms, there has been no tendency to any return of the disease for six years. But it is only in those cases of defective intellect characterised by gloomy despondency and a propensity to suicide, that the peculiar treatment of which I am now speaking will be found to be most available; and in recommending this medicine to your notice, I must observe, that in exhibiting it to maniacal patients you must not increase the dose every night until you find the raving and sleepless patient subside into calmness and heavy sleep. You would then only be doing mischief with a medicine with which you wished only to do good; you would not, in recovering a patient from a severe attack of fever, increase his allowance of wine by one extra glass every day; for by so doing you would not only bring on a more intractable disease than the one you had cured, but you would find your patient become a confirmed drunkard into the bargain. In administering *morphia* to those persons labouring under this peculiar species of mania, you must exhibit a certain dose, varying, we will say, from one-third to one-half a grain at regular stated periods, according to the circumstances of the case; and although it may not make them sleep for the first few nights (for many cases of this kind are characterised by sleeplessness and watchfulness), you will yet soon discover a great and gradual change for the better in every symptom of the patient's condition, until he becomes perfectly restored to his senses and to society. I have known some persons who object to the administration of this medicine, because it makes the patient sick: well, I know that it will do so; but what harm, I would ask, is there in a little sickness, which I have always found to subside, if the use of such a dose of *morphia*, as I have just spoken of, be judiciously and steadily persevered in. I know some practitioners have administered this medicine, but quite in the wrong way; and have, consequently, failed to realise all its good effects in those cases in which it was administered. I have known some who have said, "Oh! I gave him a drachm of *Battley* in his beer, and two grains of *morphia* every six hours afterwards." Well, now, this is not administering the medicine properly, for such doses may stupify, but they will most assuredly never cure a patient. And you may perhaps here ask me, why I stick to *morphia* only, and why the other opiates will not do as well? I can only say, that I have never found the same good effects to arise from any other form of *opium* in the treatment of the disease. I once attended a lady who was quite cured of her gloomy mania by this medicine, and as she became well, she grew very restless and uneasy and fidgetty about every trifling occurrence around her, as such patients very often will. She declared that she was tired of her medicine, and would not take any more; and wanted to know whether she might have some of that medicine she used to have after her confinements, to quiet her after pains. Well, she had some of "that medicine;" but at the end of two days her husband wrote up to me to say that the new medicine would never do, for that she was as bad as ever. The *morphia* was again resumed, under which she eventually got quite well. In another case the efficiency of this medicine was not only proved by the recovery of the patient; but when this was nearly effected, the patient declared, as in the instance I have just related, that she would take no more of it, for that it completely mastered and subdued her (the very effect, by-the-bye, which I have so frequently found

it to have in these cases), adding to me, "Why, if I wanted ever so badly to tear this pocket-handkerchief to pieces, I know that I could not do it, I feel that I have not the power."

Those among you who were present at the post-mortem examination of this man's case, will remember that there were none of those appearances within the cranium which might be strictly termed abnormal. There was no softening of texture, no disproportionate amount of grey or white matter relatively, nor was there any undue quantity of fluid effused within or without the cerebral structure; in fact, there were no diseased appearances whatever which could become the cause of the symptoms under which he laboured during life.

Of the other forms of insanity, I may have other and more favourable opportunities of speaking to you on a future occasion.

NEW METHOD OF TREATING CASES OF PURELY FUNCTIONAL NEURALGY.

EXHIBITION OF THE GALVANIC FACTORS.

By Robert Dick, M.D.

"J'avouerai que j'nai jamais pu determiner le traitement, qui leur convient le mieux"—Broussais, in regard to Fevers.

Although in my work, entitled "Derangements, Primary and Reflex, of the Organs of Digestion," I have by no means overlooked those forms of ventro-intestinal disease, which either apparently consist purely *in*, or are accompanied and principally characterised *by*, lesions of innervation, yet I propose, in the following paper, to direct attention more particularly to them, chiefly with the view of submitting to the profession a mode of treating such cases which, whatever opinion may be formed of its theoretical merits, will (as I can affirm from repeated observation) be found practically useful in many instances.

The palpable structural degenerations and deformations which present themselves in the advanced stages of many diseases, far, of course, from constituting primary lesions, are but the last of a long series of morbid changes, and indicate, usually, the helpless prostration of nature's conservative and reparative powers. The limitedness of our senses, our still most imperfect knowledge of the laws and habitudes of living parts and organs, permit us to perceive only the nearest and grossest links in the chain of morbid relation and succession. The *commencement* of that chain, almost always (may I not say in every case?) eludes our nicest scrutiny, and baffles our attempt even to conjecture its manner and its whereabout.

Much more of our treatment of all diseases than perhaps any of us would care to admit, consists in the observed results of mere *tentative* experiments (as contradistinguished to the products of regular *induction*), by which certain useful information and certain effects have been developed, often unexpectedly, on our part. But this is no stigma upon us, or upon our art, since it is owing to the limited nature of our faculties of knowledge and observation, as assigned by the Creator, and to the complex and abstruse nature of the subject, to wit, the human body, which the art of medicine regards.

The lesions of the nervous system, in its sensibility, seem more naturally and justly the province of empiric or tentative treatment than any others. Indeed, in many of the lesions now named, the treatment can be, in the first place, nothing else than empiric.

It is probable that lesions of sensibility, special or common, either constitute the earliest form of all disease, or else accompany it. This view, I found on the fact of that law, that nature has appointed the sensation of pain or uneasiness, as a warning indication that our organs are not performing their functions aright; that something is to be avoided or rectified on our part.* It is obvious, then, that to further this useful end, lesions of sensibility must be, at least, contemporaneous with the most incipient morbid movements. We may even suppose that such lesions of sensibility ante-date such movements: since the same prospective regard, on nature's part, by which pain is made to announce to us the existence and continuance of injuries *actually* incurred may be supposed to be appointed, and to be fitted to intimate to us their approach, and *merely threatened* incidence.

If it be so, then a practical inference is deducible, namely, that whatever removes morbid sensibility is, so far as rational induction and the present state of our knowledge allow us to conjecture, the means most fitted to avert those more palpable lesions, of which morbid sensibility is the warning precursor, the symptom, or the consequence.

Some of the most perplexing and intractable complaints which physicians are called to treat, especially with patients (of both sexes), in certain stations of society, and accustomed to certain modes of life, are plainly referrible to pure but subtle affections of the nervous system. All the vital organs, as the

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* Another view of pain may be taken: "Pain, among its other uses, being probably a natural provision to warn us that the vital power is either overborne, or about to be overborne, by the presence of some excessive or inappropriate stimulus, or disorganising agency, evinces, perhaps, rather failure than excitation of the vital power."—*Derangements, Primary and Reflex, of the Organs of Digestion*, pp. 147-8.

lungs, heart, digestive viscera, and even the brain and spinal cord, also, as regards their more ordinary functions, may be acting, so far as we can discern, with perfect or tolerable efficiency. Yet anomalous pains of indescribably various character, evidently, however, not dependent on inflammation; local spasm, tremors, ventral pulsations, singular affections and illusions of the cerebro-sensal organs, feelings of heat and chilness; now, great sensibility of touch, and now the want of it, states best expressed by the French word *malaise*; with morbid conditions, both of the intellectual operations and moral affections, are vividly complained of, and often notably embitter life.

In other cases, there are nerve-aches (for no more than *aches* they obviously are) in the stomach and in the intestines—often, at the same time, in the thoracic and abdominal walls, about the site of the heart, and in the tract of the chief nerves generally, but more particularly, according to my observation, in the course of the vagi and phrenic nerves about the root of the neck.

These, and similar symptoms, which often call for treatment, are, as I have already remarked, not due, in a great many cases, to inflammation (understanding by that word what it is commonly meant to signify), either of the muscular tissue, or of the nerves themselves, or their investments; to no change (appreciable at least) in the structure of those parts, but to some augmented or diminished power, or some perversion in the function of sensibility, common or special.

In such cases, it is often noticeable, that any measures addressed to the digestive organs, and designed to act peculiarly on these, either do not relieve the seemingly anomalous symptoms above detailed, or else exasperate them. I say, measures designed to act specially on the digestive organs, by which I mean evacuants of all sorts, purgative or emetic. For, from such medicaments are to be distinguished those which, although taken into the stomach, are intended to operate on parts and organs remote from it. Nor are even the mildest alteratives ordinarily of any use in such cases. As for emissions of blood, by leech, lancet, or cupping-glass, or for blistering derivants of any sort, these are either useless or injurious.

The cases now referred to are, perhaps, the most perplexing that occur in practice, and every medical man has, I believe, at one time or another, earnestly taxed his ingenuity to find some method of rationally and effectually treating them.

I have always thought that such cases did best under *tonic* treatment.* I admit, readily, the vagueness of this term, and the extreme difficulty of defining what action or influence, exerted by medical substances it is, that constitutes what we call their tonic effect. It were not suitable to enter here, abstrusely or at large, on a discussion of this point. The general understanding of the profession upon it is sufficiently precise for my present purpose.

It occurred to me that if it were possible to introduce into, and, as it were, to develop through the body, GALVANIC ACTION, and that in a more permanent and pervading way, than can be effected by shocks of the galvanic battery, some striking and useful results might be anticipated.

I shall presently proceed to detail, in the briefest manner, my mode of procedure, and the results: here only remarking, that the cases being those of persons suffering from morbid states, called in ordinary phrase *nervous*; that is, without any very *overt* lesions to which those states could be referred, were necessarily characterised by sameness, except in so far as regarded the ages, sex, temperament, previous history, and treatment of the patients.

It occurred to me, then, to try what would be the effect of the *simultaneous administration* of the ordinary GALVANIC FACTORS, ZINC, COPPER, and NITRIC ACID. I carried out this project, in various experiments, as follows:—

A lady, unmarried, about 40 years of age, of florid temperament, delicate, and long subject to the more mitigated but functional forms of dyspepsia, complained much of a gastro-dynia, which she described as being between an aching feeling and a feeling of the stomach being gnawed or eroded. All her functions were correct. This sensation was most perceived when the stomach was empty. About noon, one day, I caused her to swallow some minute filings of zinc and copper, and about half an hour after I gave her twenty drops of dilute nitric acid. On taking the acid, relief almost immediately

* "In the great majority of the cases of nervous palpitation, symptomatic of stomachic derangement—in those even in which there is vascular turgescence of the gastro-enteric mucous membrane, the means now indicated for the removal of the irregular action of the heart, are only temporary; and tonics are the true and ultimate indication, even in cases in which they cannot, for the time, be employed," &c. &c.—*Derangements, Primary and Reflex, of the Organs of Digestion*, pp. 259-60, &c. "A large proportion of ailments, of every description," writes Mr. Herbert Mayo, in his work on Digestion, "is found in connection with a lowered habit, and exhausted bodily forces, in which a tonic treatment is required." "It does not follow, because a vital organ is the seat of organic disease, that the patient is necessarily to be lowered. When the structure of the heart, or of the lungs, or of the brain, is materially deranged, it is still often necessary to use means to strengthen, to recruit, and to stimulate."

followed on this occasion, as subsequently on others, when she had recourse to the same means.

Another lady, under the same treatment, for a somewhat resembling gastralgia, was averse to the use of the acid, from a fear that her teeth would suffer. This person assured me that the acid was not necessary, since, having delayed taking it on one or two mornings, she found (whilst standing) relief from her stomach ache. I noticed the same thing in other cases. Can it be that the hydrochloric, or some other acid of the stomach, supplies, in such cases, the place of the nitric?

I found the same means successful in several other little cases, which I, therefore, do not think it necessary to detail. I remarked, however, that these means, if employed either immediately before or after a meal, partially or totally failed.

Such, then, was the manner in which I used this remedy against the *local* affections, the various gastro-dyniæ. In nervous cases of more *systemic* character, the mode of treatment was somewhat different.

In these cases one of the salts was given by the mouth, the other administered by INUNCTION. Sometimes the one salt was employed in the one form, and, anon, the other, and the contrary.

If the inunction was kept up, *until a metallic taste was distinctly perceived by the patient*, and the other salt was then administered, for a day or two, internally, the tonic effect of the remedies, or, at least, their power of controlling the peculiar lesions against which they were directed, was usually very apparent.

A gentleman, unmarried, about 48; a lady, unmarried, about 42; a gentleman, unmarried, about 36; a gentleman, married, about the same age; a lady, four years married, but without family, about 30 years of age; a lady, unmarried, about 22; a housemaid, about the same age; all of whom were subject to what, with perhaps unavoidable vagueness, are called *nervous* complaints, were notably relieved by the above means.

The oxide was the form in which I employed the zinc internally, in doses of three or four grains, twice or thrice daily. The unguentum zinci was the form which I directed externally.

The sulphate was the form in which I ordered copper by the mouth, in doses from half a grain to three grains; gradually augmenting the dose from the smaller of these quantities to the greater. In one or two cases, subsequently, I tried the ammoniosulphate of copper, and with success.

The external form was the unguentum sub-acetatis cupri of the Edinburgh and Dublin Colleges. Of course, in order to admit of its being persistently used in *inunction*, it required very considerable dilution with lard.

Since I engaged myself in the practical experiments and observations, the results of which form the subject of this paper, I notice that Kaemtz, in Schweigger's Journal, has shown that dry, but efficient galvanic piles, may be constructed from organic substances, without any concurrence of metals. It is ascertained by him that—

Soda is positive, in reference to mutton fat.
Yeast „ „ common salt.

Will this fact explain the occasionally striking restorative effects of yeast? namely, in consequence of its contact in the stomach with the hydrochloric acid, or in the vessels, with some of the salts of the blood.

Bullock's blood is positive in reference to belladonna, &c. &c. &c.

The electrical relations of several other substances have been determined by this gentleman. These experiments may, if prosecuted on the principle which it has been the object of this paper to promulgate, furnish new hints in the administration and combination of medicines, and develop very novel results. Articles of diet and medicaments may be mutually assorted, so as to produce useful effects. Who knows but that the particular efficacy of particular forms of food may not be owing to their exerting some influence of this kind? It is not to be doubted that the greater tonic powers, and more energetic action of the metallic salts, is due to their peculiar aptitude to be the agents or vehicles of chemical and galvanic actions.

I make no attempt to explain further, than has been incidentally done in the course of the paper, the modus operandi of the means now detailed. It is enough for me to have satisfied myself, as I have done, that the plan is *practically* useful; and that, in *many* cases, more benefit will be found unquestionably to result from the simultaneous or related use of the galvanic factors above named, than is found to follow their separate and unconnected exhibition.

I have only two general observations to make in conclusion; the first is, that in evolution of the principle now announced, of treatment of the more purely functional nervous derangements, various modes of experiment, not indicated by me, may be plausibly adopted. I have myself made several more experiments than, on account of the vagueness of their results, I have thought fit here to record. For example, after loading a man's system, as far as prudence warranted, with zinc, both by means of inunction and internal exhibition, I procured a copper vessel, nearly capable of containing him. In this he was placed, and water, in which as much nitric acid as sufficed to acidulate, had been infused, was poured around him. Reaction very evidently ensued between the copper vessel and the zinc in the man's body, through the medium of the nitricised water. He became aware of a disagreeable, mixed *numbing* and *pulsating* sensation through the

body generally, but especially about the middle parts. I may observe, that when there was difficulty of producing constitutional effects, by the internal administration of the salts of zinc or copper, the combining with them the hydrochlorate of morphia caused them promptly to enter the system.

I would further observe, that although several cases did well without nitric acid, yet that in general its administration should not be omitted.

I have, at present, several very suitable and interesting cases under treatment. If, in the course of it, I should notice any, particularly worthy of attention, I shall communicate them through the pages of this valuable Periodical.

SLING FRACTURE BED.

To the Editor of THE LANCET.

SIR:—With the view of bringing under the notice of my professional brethren the merits of the "sling fracture bed," invented by Mr. Greenhow, of Newcastle-upon-Tyne, I beg to lay before you the following case; I should premise that I do so from a conviction of the utility of the instrument in those cases where all other apparatus will be found inconvenient and ineffective.

On the 7th of December last I was called upon to attend a boy, aged about thirteen, who was employed in one of the collieries of the Countess of Durham, and who had been run over by some heavy coal waggons in the pit. I found the tibia of the left leg much shattered, the extremity of the upper portion of the bone being exposed to the extent of three inches; the greater portion of the integuments from the knee to the ankle had been destroyed; the head of the tibialis anticus was torn from its attachment to the upper and outer part of the tibia; the tibial artery was ruptured, about four inches above the ankle-joint. There had been very considerable hæmorrhage; the pulse was low and feeble, and the surface of the body was cold. I hesitated for some time whether it was safe to attempt to spare the limb, and at length determined that it would be advisable to do so. The leg was enveloped in a poultice, and laid upon a pillow, and stimulants were administered to the patient. On the second day after the accident the small portion of integument which adhered to the back part of the leg sloughed away, so that at this time it was entirely denuded of tegumentary covering.

During the last year, in the treatment of several cases of formidable compound fracture, I have found the numerous inconveniences of using the various splints in common use, and determined to test the merits of that invented by Mr. Greenhow, in the case I have described. The limb was placed in the splint a week after the occurrence of the accident; and the further progress of my case will be seen from the following extract from a letter, dated January 16th, to Mr. Greenhow:—

* * * "I immediately, on the receipt of your letter, containing your instructions, applied the sling fracture bed to the leg of my patient. I found no difficulty whatever in its application, and, indeed, was most agreeably deceived by its great simplicity and applicability to the very formidable case I was about to use it in. The extremities of the broken bone were brought into exact adaptation by the use of the foot screw; the limb assumed its natural figure and length, and the dressings were applied with an ease that astonished me. I have never since relaxed in the favourable opinion I at first formed of your invention. The lacerated leg of my patient has granulated and cicatrised in that gradual and healthy manner so much to be desired, and consolidation of the bone has progressed in a manner such as I never before witnessed in like cases. Previous experience, and comparative failure, may authorise me in stating, with confidence, that your splint surpasses any apparatus we know of for the treatment of compound fracture *of the leg*. During the last eighteen months, and previously, several very formidable cases of compound fracture have fallen under my treatment, and the best and most careful methods I could adopt were attended with the most serious disadvantages, such as unhealthy and spongy granulations, of rapid formation, in the soft tissues; putrid smells; great pain in removing the splints during dressing, and afterwards, by their pressure upon sensitive and exposed wounds; slow union in the bones, in consequence of the frequent removal of splints; harassing inconvenience, and loss of time to the surgeon; and, lastly, more or less shortening, and deformity of the injured limb. In the single case in which I have used your splint, the granulations have gradually formed, and have been from the first *firm*, and healthy in appearance; the suppurative process has been less than in any other case I have before seen; there has been about the extensive granulating surface no accumulation of putrid matter; and, consequently, there has never been any unpleasant odour. The patient has never complained of pain, except the slight pain (of only momentary duration) in tightening the transverse bandages, by the sudden pressure of these against the raw surface behind the leg; the bed is never soiled; the patient can, with the utmost facility, raise his body, and no displacement or movement occurs in the fracture in consequence. The dressing is so easy of accomplishment, that after one instruction the nurse may always do it; and the patient may be left in her hands for many days without prejudice. I may say,

indeed, that I am personally obliged to you for the great amount of labour you have been the cause of saving me in the case in question, and for the credit and fair reputation I am sure your invention will earn for me hereafter. Matters are now so far advanced, that I can, without doubt, augur the most satisfactory cure, and one which before, I am ashamed to confess, it was never my good fortune to have effected in similar cases. I saw my patient to-day, and found the granulations so far advanced, that, with the view of checking *exuberant* action, I dressed the leg, simply, with a wet circular bandage, which I found so easy of application without moving the limb, that I ordered it to be renewed twice a-day. I will, in conclusion, add, that if I myself were unfortunately to break my leg, whether the fracture were simple or compound, I would allow no other fracture apparatus to be applied than that, which you have had the great merit of inventing."

I am, Sir, your most obedient humble servant,

William Morrison,
Lecturer on Anatomy and Physiology,
Newcastle Medical School.

Pelan, Chester-le-Street, Durham,
Jan. 19, 1841.

BURNT RHUBARB IN DIARRHŒA.

To the Editor of The Lancet.

Sir:—It may be useful to the profession to know the value of burnt rhubarb in diarrhœa. I have used it for seven years, and found it more serviceable in the diarrhœa, attendant on the last stage of consumption, than the chalk-mixture and opium, or any other of the usual remedies.

I have known it used, with the same pleasing effects, for more than twenty years, in incidental diarrhœas. After one or two doses, the pains quickly subside, and the bowels return to their natural state. The dose is from five to ten grains.

The manner of preparing it is to burn the rhubarb powder in an iron crucible, stirring it until it is blackened; then smother in a covered jar.

It loses two-thirds of its weight by the incineration. It is nearly tasteless. In no one case where I have known it given, has it failed. I have given it in port wine, milk, and water. Your obedient servant,

F. P. Hoblyn.

Middlesex Hospital.

TREATMENT OF PRURITUS ANI.

To the Editor of The Lancet.

Sir:—"A Subscriber" relates, in The Lancet of the 23d ult. an intractable case o pruritus ani, and wishes to be informed "how to cure the above most troublesome affection." Having been an occasional sufferer for some years, I have much pleasure in stating what means have afforded me the greatest relief.

I believe that the affection is not *essentially* a local disease, but arises from a state of system in which small hard portions of feculent matter lodge in the folds of the mucous membrane of the lower bowels, producing a morbid sensibility of the extremities of the nerves about the anus, in the same manner that the irritation of a stone in the bladder is referred to the glans penis; although, by a long continuance of the complaint, and by the constant manifestations which the unfortunate patient is constrained to practise, keeping up the irritation, the morbid sensibility of the nerves of the part is rendered permanent, and the disease then assumes a local character.

During a recent attack I took, at bed-time, two grains of mercury with chalk, with three of Dover's powder, and on the following morning—

Castor oil, ℥iij;
Liquor potassæ, ℥ss;
Cinnamon water, ℥j.

This plan was persevered in for a fortnight, when the gums became rather tender, and all irritation subsided, while the bowels acted naturally, and the secretions were perfect. Since that period I have been but little troubled with the complaint. The occasional injection of warm water into the rectum, and sponging with the same at bed-time, are certainly very useful, and should not be neglected. I have also used, with advantage, five grains of the soap and opium pill as a suppository at night, followed by a mild purgative in the morning. Violent exercise is hurtful. I have found ripe fruit and vegetables very beneficial.

Hoping that the above remarks may be deemed of sufficient interest to obtain a place in your valuable Publication, I am, Sir, your obedient servant,

A General Practitioner.

London, Feb. 10, 1841.

P.S.—Kreosote ointment, in the proportion of one drachm to an ounce of simple cerate, and the solid nitrate of silver, applied to the verge of the rectum, have, in some cases, been successful. I have tried the former in my own case, but without any benefit.

Another correspondent, Mr. Williamson, advises the use of cold water sponged over the part several times in the day; and the zinc ointment, diluted with one-half of simple cerate, to be applied after each ablution. To the local treatment may be added, with advantage, the exhibition of the following pills, one of which is to be taken occasionally:—

℞ *Extract of colocynth ;*
Extract of hyoscyamus ;
Blue pill, of each, 3j.

Make into twelve pills.

Mr. Williamson also enjoins abstinence from stimulating aliments and vegetables. He observes, "leeches are by no means to be employed."

PRURITUS ANI FROM ASCARIDES.

To the Editor of THE LANCET.

SIR :—I have a patient who suffers much from pruritus ani, caused by ascarides, and have been unable to expel them except for a short period. If any of your readers would favour me with some effectual mode of treatment for removing them entirely, I should feel much obliged. Your obedient servant,

J. H.

Feb. 9, 1841.

PRURITUS SCROTI.

To the Editor of THE LANCET.

SIR :—I am induced to beg the favour, from amongst your numerous readers, of a remedy applicable to insufferable itching of the scrotum. The patient is in the prime of life, a porter by trade, of moderate and very cleanly habits ; there is but little capillary growth on the pubes, and no signs of the pediculus pubis.

Any suggestion calculated to benefit this individual will greatly oblige your obedient servant,

A JUNIOR PRACTITIONER.

Jan. 25, 1841.

UNIVERSITY COLLEGE HOSPITAL.

PERITONITIS, WITH IRREDUCIBLE HERNIA.

J. M., aged 59 years, was admitted Dec. 12, at about half-past five in the evening, sent by a medical practitioner, as a case of strangulated hernia. The patient appears a miserable, half-starved man, and much older than he really is. His face is livid and pinched; his manner and gait nervous and tremulous ; and his pulse frequent, feeble, and intermittent.

He states that he is, by employment, a printer; but that, for the last few weeks, he has been out of employment; and has consequently had but very little food, and that of the coarsest kind. He has laboured under a scrotal hernia for many years, and has worn constantly a bag-truss to it. He has never been able entirely to reduce it, though at times the tumour might be diminished to about half the size of the fist. It has frequently been bigger than it is now, but could be brought to its usual size, generally, without much trouble. On the evening before last, whilst he was coughing, the tumour suddenly increased in size, and became very painful. He managed to get part of the hernia back again ; but still it remained larger than usual, and very painful ; and, after a time, pain and tenderness of the abdomen generally were superadded. He had a motion yesterday, though not a full one. This afternoon he was seen by a medical man, who advised him to come to the hospital directly. At present he complains of pain in the tumour and in the abdomen ; thirst, and a feeling of great weakness. He has not experienced any sickness or hiccough. There is a large oblique inguinal hernia, about the size of a cocoa-nut, occupying the right side of the scrotum and inguinal canal ; elastic, but very tense ; but, at the same time, not yielding on pressure to any appreciable extent. Air may be felt gurgling under the fingers when the tumour is pressed alternately at the different extremities of the scrotum. The testicle was felt, enlarged, (apparently with effusion into the tunica vaginalis,) below and behind the hernia. By grasping the neck of the tumour, which is large and thick, and making it roll under the fingers, the vas deferens may be felt at the posterior part: There is a small direct hernia, very easily reducible, but instantly coming down on the removal of pressure, on the left side. Impetus, on coughing, in both tumours. There is some tenderness on pressure, both in the tumour itself and over the abdomen. Tongue furred ; surface cold and dry ; breathing rather laboured.

The patient was put into a bath at 100° Fahrenheit ; and the temperature of the water gradually raised to 106°. After being in about twenty minutes, profuse perspiration broke out over his face, and he appeared quite faint. The taxis was then employed steadily, but without using much force : it produced no effect.

Mr. Liston was sent for, and soon arrived. He examined the tumour; and said, that he considered the case to be one, probably, of peritonitis, of a low type, conjoined with irreducible hernia ; that there were none of the symptoms of strangulation, except the want of action in the bowels ; and that this might also be dependent upon the peritonitis. He said that, in all probability, the patient would not live long, as he was so worn down by bad living, &c., and that active treatment was quite out of the question ; that any operative procedure would only increase, instead of diminish, the evil ; as, in all probability, if he *did* make an opening into the sac he would find the bowel adherent, and would not be able to return it into the cavity of the abdomen ; and, lastly, that he should not find any stricture requiring division. Under these circumstances, he ordered warm fomentations to

the abdomen, and an enema, containing an ounce of castor oil, in a quart of warm gruel.

Dec. 13. Half-past one, A.M. The patient is decidedly more easy since the use of the fomentations. The enema returned in a few minutes just as it was given. Ordered a second enema; and a draught, containing half a grain of the muriate of morphia, afterwards.

Ten, A.M. Has slept for several hours, and is still very drowsy; breathing rather laboured. The patient says that the pain is very little better. The tympanitis has increased somewhat since last night. The enema remained half an hour, and contained no fæcal matter on its return. Tenderness of the abdomen much the same as last night. Continue fomentations, and to take a pill, containing three grains of calomel and one of camphor every three hours.

One, P.M. Passed a tolerably copious motion involuntarily. Appears to be sinking rapidly. The patient sunk, and died about seven, P.M.

Appearances after Death.

The body was examined twenty hours after death. Right hernial tumour œdematous below, and presenting a somewhat dark discoloration of the skin over the most prominent part of the swelling. Considerable tympanitic swelling of the abdomen, and tension of the left hernia; which may, however, be easily reduced. Superficial fascia over the lower part of the abdomen, loose, œdematous, and vascular; adherent over the lower part of the hernia, where it is more dense and fibrous, and less vascular in its structure; and containing a quantity of fibrinous deposit, opposite the discoloured part of the skin.

Superficial pudic vessels stretched across the neck of the tumour, just below the external abdominal ring. Under the superficial fascia, at the most prominent part of the tumour, was found some softish yellow lymph, and a little pus, occupying about the area of a shilling. A large quantity of serous effusion, and considerable congestion of the cellular tissue, all around. On carefully separating the superficial fascia from the tumour, two spots, each rather larger than a shilling, of a greyish colour, were discovered in front; they were sloughing; and so disorganised, that a quantity of fetid purulent discharge burst through them, on using the little traction necessary to dissect off the fascia. The appearance of the tumour, at this period of the dissection, was very peculiar; the sac being very much lobulated and puckered, as if it contained a number of separate cysts. Intercolumnar fibres rather dense, and collected into a firm band over the neck of the hernia; but without, however, exercising any stricture upon it, as the finger could be easily passed underneath. Size of the external abdominal ring about that of half-a-crown. Vessels beautifully ramified over the tendon of the external oblique muscle above, and to the outer side of the external ring. About two ounces of clear serum contained in tunica vaginalis; the lining membrane of which was found red and vascular, with a small thread of fibrine attached loosely at one point of its surface. On opening the sac, some more of the fetid discharge, mixed with sloughy matter and fibrine before alluded to, escaped, and the contents were exposed. These consisted of a large quantity of bowel in a state of inflammation, but without any appearance of gangrene, or of severe congestion of the gut. Peritoneal coat of a greenish-yellow colour, closely united at all parts by recently-effused lymph; on tearing through which, several strong and firm adhesions, apparently of long standing, were seen uniting the bowel to the hernial sac. No omentum present. On passing the finger up along the inguinal canal, it was found perfectly free and open; indeed, the fore and the middle finger could, with the greatest ease, be passed together into the cavity of the abdomen. An opening was now made into the abdomen; and, on the escape of a quantity of turbid serum, contained in the cavity of the peritonæum, the bowels and omentum were found closely connected together by greenish-yellow lymph, just like the portion of gut contained in the scrotum. The peritonæum was opake, thickened, and vascular; and the sub-serous cellular tissue so soft, as to allow the serous coat of the bowel to be stripped off from the muscular in a tubular form. A quantity of thin fæcal matter and gas was found in the protruded bowel. No adhesion of the gut to the neck of the sac. Slight adhesion of a small knuckle of bowel to the walls of the abdomen, at the situation of the direct inguinal hernia on the left side. These adhesions gave way on the slightest touch. Epigastric artery and veins seen passing upwards and inwards to the outer side of the neck of the hernia. On the right side, this artery was internal to the neck of the sac, and somewhat pushed away from its natural course.

Lost Hats.—The arrangements for hats and cloaks at the Medico-Chirurgical are exceedingly inconvenient, it must be confessed. But we can see in that no reason why the fellows or visitors should be unable to distinguish their own hats. Perhaps some of the blame may be referred to the brilliancy and bewildering influence of the papers or of the discussions. The letters from our correspondents on this subject would be engaging our pages to the exclusion of more important matters.

WESTMINSTER MEDICAL SOCIETY.

Saturday, February 13, 1841.

Mr. Streeter, President.

MEDULLARY SARCOMA. — APOPLEXY.

Mr. G. Smith exhibited a case of aborted twins, in which there was one amnion common to both.

Mr. Wade exhibited the bones of the cranium, and part of the liver, of a boy who had perished from

MEDULLARY SARCOMA.

The patient was seven and a half years of age, of healthy parents. Previous to last October, his general health had been pretty good; at that time he first became affected with some swellings on the frontal and occipital bones, which being considered by his medical attendants as rheumatic, he was treated accordingly, without any relief. Two months since he first came under the care of Mr. Wade; he had at that time a general appearance of anæmia, his face being completely blanched, and his pulse much quickened. He suffered much pain from two tumours of the scalp; one situated on the frontal bone, having a hardened base, was rather smaller than a French walnut; the other one, rather larger, was situated on the occipital bone. These swellings resembled in figure the common encysted tumours of the scalp; there was also some thickening about the external angular processes of the frontal bone. The disease was treated at first as rheumatic, and iodide of potassium was administered, conjoined with infusion of gentian and steel. The true nature of the case, however, was soon revealed; the hardened base became extended, the surface of the tumour irregular, and the tumours very much increased in size; the brain remained unaffected until a few hours before death. On removing the scalp the tumours were found strongly adherent to it; that on the frontal bone was as large as a good-sized orange, and resembled a portion of highly-congested lung covered by its pleura. On cutting into it, it was found to consist of medullary matter and blood in a semifluid state; the tumour in the occipital region presented the same appearances; the pericranium was unaffected by the disease. On separating the tumours from the bone, they were found to be situated on a thick bony basis, and spiculæ of bone shot upwards into the tumours. There was a commencement of a similar disease in the external angular processes of the frontal bone; both corneæ had become opake before death, which change was preceded by an unusual prominence of the eye. On removing the calvarium, the inner surface, opposite to the diseased parts, contained a small portion of medullary matter, which was slightly adherent to the dura mater; the brain was bloodless, but otherwise healthy; the lungs contained deposits of the same morbid material; the liver was enlarged from the same cause; the mesenteric glands were, however, free from the disease. Mr. Wade considered the case interesting from the rapidity of its progress, and from the cranial bones being the seat of the disease. Mr. Wade then threw out several questions for discussion. He inquired if all the malignant diseases were identical, and whether, when a disease similar to the one related was confined to a bone, it was merely a local affection, or dependant upon constitutional causes. He knew a gentleman who had medullary sarcoma of the knee-joint, for which he underwent amputation of the limb ten years since: there had been no return of the disease. In the case related, the disease appeared to have commenced in the cancellated structure.

APOPLEXY.

Mr. Dunn detailed two cases of apoplexy. In one, death occurred on the third day; the rupture, in this instance, had taken place in the crus cerebri of the left side, had broken down the thalamus, and filled the left lateral ventricle with blood. In this case there was excessive contraction of the pupils, hemiplegia of the left side, and the persistence of excito-motory retraction on pinching, &c. In the second case, in which there was found a cavity in the corpus striatum of the left ventricle, extending into the substance of the third lobe of the brain, and which cavity was filled with a fluid resembling thick coffee-grounds: the patient died twelve months from the time of the fit; hemiplegia existed in the right arm and leg, which became flexed and rigid before death. A discussion followed on the value of the state of the pupil as a diagnostic mark of laceration of the brain. Dr. Addison and Dr. Bird contended, that whenever a patient laboured under coma and other symptoms of pressure, and the pupil remained contracted, it was a pretty general sign that the brain was lacerated. Mr. Alcock and Mr. Smith, on the other hand, denied that this state of the pupil was sufficient to indicate the presence of laceration.

MEDICAL SOCIETY OF LONDON.

Monday, February 22, 1841.

Dr. Clutterbuck, President.

HYDROCEPHALUS.—LOCAL PARALYSIS.

The President, in reference to the discussion of last week, stated his conviction that hydrocephalus consisted essentially of inflammation of the brain and its membranes, and that consequently the treatment to be pursued, in the early stages, must be of the antiphlogistic kind. How far we were to

carry the depletion would, of course, depend on the age and strength of the patient; but, as we generally found that the disease occurred in robust children, we might usually employ blood-letting with much freedom. He preferred opening the jugular vein to all other modes of abstracting blood; after this he considered opening a vein in the arm of the most service. He had less reliance on leeches than on any other mode of depletion. He believed, further, that typhus fever, in the adult, was the same kind of disease as hydrocephalus in the child; the brain was the only organ necessarily implicated in either of the diseases, both of which, he contended, should be treated on the same principles.

Dr. Bennett detailed some particulars of the case of a young, robust, temperate man, a bricklayer's labourer, twenty-two years of age, who, three years since, fell from a scaffold, twelve or fifteen feet high, and struck the posterior part of his head with much violence against the ground. He was insensible for a minute or two, but quickly recovered, and only kept his bed for a day or two, in consequence of the bruises he had received. He afterwards became subject to a sort of epileptic convulsion, in which he did not lose consciousness, nor froth at the mouth. After a time these fits left him, and he became subjected to complete loss of his voice, the coming on of which was attended by no symptoms of a fit, except a peculiar feeling about the throat. Each of these attacks lasted about a week, and the voice then gradually returned. For the third attack of aphonia he applied to Dr. Bennett about a month ago. His master stated that he had been struck quite dumb, but that he was otherwise healthy. This, on examination, proved to be the case. The patient could make no sound whatever; the pulse was a little full, and quick: the tongue slightly coated. Pressure over the larynx produced a little uneasiness only. There was a slight, uneasy sensation in the occiput and vertex. When the loss of voice came on, he felt a slight burning pain in the larynx, extending upwards to the vertex, and downwards to the epigastrium; but there was no tenderness, on pressure, in the latter region. On attempting to cough he made no noise, as though he had not power to close the glottis. While before Dr. Bennett, he suddenly began to breathe quick through his nostrils; his face became flushed; and, on placing him in a chair, and removing his cravat, a spasmodic action of all the muscles of the upper part of the chest took place, his pupil became somewhat contracted, and firmly fixed in one direction; there was, however, no loss of consciousness; the air passed in and out of the larynx freely. He recovered on cold water being dashed into his face; but inspiration was attended with a shrill, crowing sound, like that observed in children affected with laryngismus stridulus. Convulsive movements of the respiratory muscles alternated with these crowing sounds. He was ordered to be cupped to six ounces on the back of the neck; and when this quantity of blood had been taken away, he was enabled to say feebly that he felt better, and that his head was lighter. Two more ounces of blood were taken, when he felt faint, and the cupping process was stopped. He was placed on a regulated diet, his bowels kept open by aloetic pills, taken every night, and a blister was applied to the nape of the neck. In the course of three days he was again affected with the convulsive movements about the neck and chest, during which attack he articulated well, but when the convulsions ceased the voice was again lost, and he could only speak in a very slight whisper. In a week or ten days the voice acquired its usual strength, and he was quite well.

The case was interesting in several points of view; one of these was the occurrence of crowing inspiration in an adult. It exhibited one of those instances of epilepsy in which the glottis was open, and in which there was no loss of consciousness. The glottis being open in this case, also explained the absence of frothing at the mouth as a symptom of the fit. Dr. Bennett was at a loss to explain the cause of the aphonia, which appeared to depend on the loss of nervous power over the muscles which close the glottis, whilst there was no paralysis of other muscles in the neighbourhood. Dr. Hall had seen the case, some of the phenomena of which were new to him. He had, however, seen crowing inspiration, like that of children, in adults, but no case of aphonia similar to the present.

Mr. Crisp related a case in which there was sudden loss of power in the motor nerves. The patient was an intemperate man, thirty years of age, and suffered severe pain in the head, over the right ear; this part, on examination, was found puffy; an incision was made into it, and a small quantity of matter evacuated. This afforded temporary relief; but the pain returned at the end of a fortnight, and resisted all means of treatment resorted to for its relief. His general health improved, and he walked about. One morning, during the cold weather, his head was suddenly drawn to the right shoulder, so that his ear nearly touched that articulation. Various means, for some time, were in vain resorted to, to relieve the condition; and eventually the sterno-mastoid muscle was divided at its attachment to the clavicle, with the effect of bringing the head nearly straight. His general health was good.

Dr. T. Thomson related some cases of a kind "between hysteria and epilepsy," in

which the disease appeared to be dependent on local injury to the head. The trephine was employed in two cases. The bone was found injured in both instances; in one the dura mater was pressed upon by a little fluid; in the other case, that membrane was somewhat thickened.

SHOWER-BATHS IN LUNATIC ASYLUMS.

To the Editor of THE LANCET.

SIR:—I omitted, in my late communication respecting the letter of Dr. Button, to allude to that portion of the charges against the management of Hanwell which related to the improper use of shower-baths. I did so, because I considered the subject of such deep interest as to demand a separate inquiry.

In the letter, which appeared in THE LANCET, Dr. Button contents himself with throwing upon Dr. Conolly the odium of using shower-baths as a punishment by implication only; he says, "I will at present say nothing further of the use of the shower-baths as punishments, than that they were administered immediately on the commission of some act of violence, such as breaking windows, striking the patients or attendants, and using abusive language, &c.;" but in the charges preferred by him to the Middlesex Bench, through his friend Mr. Trimmer, he is more explicit, and the charge was avowedly made.

To support the accusation, extracts, from Dr. Button's Journal, were put in by Mr. Trimmer; but which extracts, like those enumerated in my last letter, do not correspond with the real entries. For example—

"June 3, 1840. M. L. a shower-bath, for striking a patient named *H.*, and cutting her head open."

The real entry in Dr. Button's handwriting is—

"June 3, 1840. M. L., *maniacal paroxysm, suddenly became violent*, and cut H.'s head open with the brush she was cleaning the ward with, a single room; shower-bath."

Again—

"June 3, 1840. H., for throwing a can of gravel at Tomkins."

The real entry is—

"June 3, 1840. H., talking incessantly, incoherent, and mischievous; shower-bath."

But it is needless to multiply instances; the reliance to be placed upon Dr. Button's statements has been already sufficiently pointed out, and nobody now believes that shower-baths are administered at Hanwell by way of punishment.* My present object is, to call the attention of the medical profession to the use of shower-baths, in cases of maniacal paroxysms, and the beneficial effects of their judicious application.

The first case adduced by Dr. Button is that of D. E., who is stated to have received a very severe shower-bath on November 26, 1839; to have made a most determined resistance; to have had the shower-bath prolonged until, "from a state of syncope manifesting itself, she was allowed to be removed, pale, trembling, and nearly pulseless, and was now removed to bed, and supplied with warm blankets." How much of this statement consists of colouring, and how much of fact, it is difficult, at this distance of time, to ascertain. Dr. Button's entry in the journal is as follows:—

"Nov. 26. D. E. violent; tore Miss P.'s cap off her head; struck Dr. C., &c.; shower-bath."

But there is no doubt the shower-bath was prolonged until depression was produced, when warm blankets, hot tea, and every comfort was administered to her. D. E. was a patient who had been for some years in almost constant restraint; one of the most violent and dangerous patients in the house, and had been frequently placed in restraint by Dr. Conolly himself, for the shower-baths were most inefficient at the time of his appointment. The administration of this bath produced a great change in her habits for several weeks. She has had, occasionally, shower-baths of a less severe nature administered since, and is now so much improved as to be removed out of the refractory ward, and has ceased to be the subject of perpetual anxiety she formerly was.

The next case is that of E. W., in which Dr. Conolly is also accused of improperly administering the bath. This bath, alluded to, was administered on April 28, 1840; the patient was in a violent state of excitement; several nurses are said to have been in attendance (an ordinary and wise precaution); and her struggles and resistance are so graphically described in Dr. Button's charges, that the shower-bath is rather treated as the cause than the consequence of the paroxysm; as though it were possible to administer a shower-bath to a powerful patient, in a state of mania, with-

* In the course of the debate, Mr. Sergeant Halcombe read a letter from Dr. Button, in which he stated that he had, in the course of the last summer, informed one of the visiting justices (Mr. Pownall) of the improper administration of the shower-baths by way of punishment. Mr. Pownall admitted the fact, and added, that he had immediately made a strict inquiry into the charge, and had satisfied himself tha tit was wholly without foundation.

out struggles, or, as if the patient would submit more readily to the imposition of a strait-waistcoat. The entries of Dr. B., in his journal, of this shower-bath, as made at the time, are as follows:—

"April 28. Very violent; removed from 5 to 6 ward; shower-bath in infirmary."

"April 29. *Passed a quiet night, and continues in a tranquil state this morning.*"

These contemporaneous entries furnish strong internal evidence of the beneficial effects of the remedy, and stagger our belief in the correctness of Dr. Button's present charge; and no entry of any subsequent act of violence is to be found in the journal until July 24, when the following entry appears:—

"July 24. Quarrelsome; fighting with the patients; throwing the things about the ward."

E. W. is the most extraordinary patient in the house; her paroxysms have been dreadful; her form is so athletic, that no bonds save those of iron could have held her; and it is the opinion of Dr. Conolly that if instrumental restraint had been used, she would have become a confirmed maniac. She is still occasionally violent, but so improved as to be able to work at her needle and attend chapel; and a shower-bath, or a warm bath, with a cold stream of water to the head, gives her relief. The same may be generally said, though, of course, differing in degree, of all the cases adduced by Dr. Button, and of many others which he has omitted. I shall notice a few of the most remarkable.

H. A. has been insane for twenty years. She was admitted into Hanwell in 1833, and was so violent and dangerous as to be kept daily and nightly in almost constant restraint, and had at the time of Dr. Conolly's appointment lost the use of her hands from the effects of the handcuffs with which she had been confined. She is now occasionally in seclusion for a few hours, and the shower-bath sometimes, but very rarely, administered. Her habits are so improved by the change of treatment, that she may be said to be a different creature; she is recovering also the use of her fingers, and a fortnight ago hemmed a pinafore.

M. M., on her first admission, put frequently into restraint, and a coercion chair. She began to get well as soon as the shower-bath was employed, and was discharged in 1839, quite cured.

A. O. always relieved by it in attacks of violent mania, and discharged cured in November, 1839.

C. H., at first violent and almost unmanageable, much relieved by it, and discharged cured in June, 1840.

L. M. F., one of the cases mentioned by Dr. Button, relieved by it in very violent paroxysms, and discharged cured in June, 1840.

C. S. seemed almost cured by it alone; discharged cured, January, 1840.

M. J. melancholy; *never spoke until she had the shower-bath;* began to mend from that time; discharged cured, September, 1840.

But if I continue this list, I shall occupy your whole Number. The authorities in favour of cold water, poured in some way or other on the head, might be quoted without end. Thus Celsus, who reports all the practice of Hippocrates, and the best ancient physicians, enumerates (lib. iii. c. xviii.) on the treatment of insanity—"item per caput aqua frigida infusa," &c. &c.

Among the moderns, Pinel (sect. 5, c. ii., par. 271); Esquirol (vol. i., p. 148, and p. 480); Burrows (p. 625); Prichard, of Bristol (p. 262), who quotes Rush, the celebrated American physician, and Foville, the latter now living, and a high authority in France.

It, in truth, seems to be almost the only *direct* remedial agent we possess; at all events, the use of cold water, and local detractions of blood, and counter-irritation of the scalp, &c., are nearly all.

I will now conclude by observing, that the shower-bath is much used in the large asylums in Paris, and other parts of the continent, and that I trust this letter will provoke a discussion upon the subject in your valuable Journal. I am, Sir, your most obedient servant,

PHILANTHROPOS.

Feb. 22, 1841.

WINDOW-TAX ON HOSPITALS.

To the Editor of THE LANCET.

SIR:—You will observe that the commissioners of taxes have declared, in the inclosed paper, that workhouses are, in certain cases, discharged from window-duty; notwithstanding which, I find they have declared, on the supposed authority of the Westminster Hospital printed Case, No. 1154, that under similar circumstances to workhouses hospitals are not exempt, although "hospitals" are expressly named in the very exemption clause alluded to.

I find that many hospitals are not charged with window-duty at all.

That other hospitals are charged for the rooms of officers and servants 1s. 9d. a window; others are charged, on the scale of progressive duty, 2s. 1d. a window; others 5s. 2d. a window, 3s. 9d. a window, 2s. 10d. a window, and 6s. 2d. a window.

An order has been made by the House of Commons, for a return of window-duty charged on hospitals, and when that shall have been made, these, and many more inconsistencies, will appear officially. But, in the mean time, the governors of hospitals

which are charged should give notice on the 5th April.

See 48 Geo. III., c. 55, Schedule A, Rule VIII., and Exemptions II.; 4 Geo. IV., c. 11, s. 2; 6 Geo. IV., c. 7, s. 1.

Observe, Rule VIII. speaks of *public* hospitals ranging with universities, &c., (and meaning, I conceive, Haslar, Chelsea, Greenwich, and such like,) but Exemption II. speaks of hospitals (not using the word public), ranging with charity schools, &c. (and meaning, as I conceive, such as are maintained by voluntary contribution). The attention of the judges, not having been led to this distinction, may have induced them to give an erroneous decision in the Westminster Hospital case; and, at all events, I cannot discover how the windows in that case, under 4 Geo. IV., c. 11, were reduced to 1s. 9d. a window, without being wholly discharged by the 6 Geo. IV., c. 7, s. 1.

Should the windows of hospitals be charged at all?

I hope you will deem this information sufficiently valuable, and deserving to be made public. Yours, &c.

A GOVERNOR.

The Poor-Law Commissioners have published officially the following correspondence:—

Liability of officers occupying apartments in the workhouse to pay assessed taxes.

Tonbridge Union.

Gentlemen:—A claim is made on the guardians for assessed taxes for the workhouse, as under:—

"Windows - - - £1 16s."

In the assessor's instructions, under the 48 Geo. III., in the lists of exemptions from windows, appears:—

"2. Any hospital, charity school, or house provided for the reception and relief of poor persons, except such apartments therein as are or may be occupied by the officers or servants thereof, which shall *severally* be assessed and be subject to the said duties as *entire* dwelling-houses."

The separate apartments occupied by the officers or servants of this workhouse, contain windows as under:—

Guardians' and clerk's room.....	3
Governors' apartments.....	5
Schoolmaster and schoolmistress's do.	3
Porter's ditto.....	1
	12

It appears that windows under the number of eight, in separate dwelling-houses, are not liable to duty, and the guardians think there is a question, whether the workhouse windows are liable, as it appears neither of the apartments, if considered as entire (or separate) dwelling-houses, contain eight windows. The guardians think it likely this point may have been brought under your notice, and they request the favour of your opinion on the subject. I am, gentlemen, your most obedient servant,

JOHN SCOONES, Clerk.

In reply to which, "the commissioners directed a copy of the letter to be sent to the commissioners of stamps and taxes, requesting their view of the law upon the subject. The following is the reply, a copy of which the commissioners directed to be sent to the guardians of the Tonbridge union; and from which it will be seen, that the windows in a workhouse are exempt from duty, and that none of the officers are chargeable with duty, unless the apartments occupied by them individually contain more than seven windows."

"Stamps and Taxes.

"Sir:—The board having had before them your letter of the 19th inst., respecting a claim for window duty, made on the guardians of the Tonbridge union, in respect of windows in the workhouse, and in apartments occupied by the various officers,—

"In reply, I am directed to state, that the board are of opinion, that the windows in the workhouse are *exempt* from duty, under the second case of exemptions, Schedule A of the 48 Geo. III., c. 55, and that as none of the officers individually occupy apartments containing more than *seven windows*, they are not chargeable with duty with reference to 6 Geo. IV., c. 7. I am, Sir, your most obedient servant,

"CHARLES PRESSLEY.

"To E. Chadwick, Esq."

MEETING OF THE MEDICAL PROFESSION AT STONEHOUSE.

A MEETING of the members of the medical profession residing in Devonport, Plymouth, and Stonehouse, and their vicinity, was held in the town-hall of Stonehouse, on Thursday, the 4th of February, for the purpose of forming an association of the profession, in connection with the *British Medical Association*, and to consider the propriety of joining that body in support of a Bill to be introduced in the present session of Parliament, having for its object the establishment of a general faculty of medicine throughout the United Kingdom, and the protection of the public against ignorant and unqualified practitioners.

C. TRIPE, Esq., late mayor of Devonport, being called to the chair, opened the proceedings. He regretted that the extreme inclemency of the weather had prevented many gentlemen from attending the meet-

ing. The number of gentlemen residing at a distance, who had expressed their regret at being unable to be present, proved the correctness of his observation. It was not necessary for him to go into the details of the principles which it was proposed to advocate, as that would be done by those who were to move the resolutions. But he would state that none were more alive than himself to the importance of the general principles of the subject. The medical profession were now in such a state, that unless something were done, its interests would be totally broken down,—not only the interests of one branch of practitioners, but of all. It was the interest of all that some reform should be enacted. It was for the direct benefit of the public that some alteration should take place, some change that should keep up such a healthful condition of the profession as would provide a supply of able practitioners. Let them look at the medical schools of the United Kingdom at the present moment—they were falling off in the number of their pupils; and this fact would go a great way to show that his views were not visionary. Many once profitable schools of anatomy were shut up for want of pupils, and the profits which others were in the habit of making were much diminished. A deterioration was already beginning to take place, and this was of importance to every grade in the profession. Some provision must be made to do away with the present anomaly. The precise details of this reform he was not prepared to enter into, but he thought there could be no difficulty in understanding the first principle of such an alteration to be a general qualification. At the desire of the British Medical Association and the Provincial Association, Dr. Webster had drawn up the heads of a Bill which had been concurred in by those bodies. He thought they might safely assent to that Bill, emanating as it did from the profession itself.

Mr. WHIPPLE moved, and Mr. WELSH seconded, the first resolution,—The establishment of the *South Devon Medical Association*.

Mr. BURROWS gave an able account of the heads of the Medical Association Bill, and moved that the association should support its principles.

The motion was seconded by Mr. LITTLE.

Letters were read from Mr. Prideaux and Mr. Wells, of Plymouth; Mr. Langworthy, of Plympton; Mr. Cornish, of Brent; Mr. Avent, &c., expressing their regret at being unable to attend.

The gentlemen present enrolled their names, and formed the association.

Mr. Burrows was nominated secretary, and Mr. Little, treasurer.

The resolutions connected with the purposes of the association were then moved and seconded by Messrs. Welsh, J. Y. Rutter, Little, Rattenbury, &c.: and thanks having been given to the Chairman, and Mr. Burrows for his exertions as secretary, the meeting broke up.

MR. SYME AND THE EDINBURGH SURGEONS.

To the Editor of THE LANCET.

SIR:—In the reports of surgical cases which Mr. Syme, the regius professor of clinical surgery in our university, has furnished to the first number of the "Edinburgh Monthly Journal of Medical Science," there is one passage which, from its nature, and in justice to the surgeons of Edinburgh, individually and collectively, requires particular notice.

The part to which I refer is that in which Mr. Syme, in announcing his own success in operating for popliteal aneurism, most ungraciously, and, I have no doubt, undeservedly, makes an invidious comparison of his own practice in this particular operation, with that of all the other surgeons who have practised in Edinburgh during his time. The passage is contained at p. 5 of the journal, and is as follows:—

Speaking of ligature of the femoral artery, which, he says, is "justly regarded the easiest," Mr. Syme proceeds,—

"For my own part I have been fortunate, having tied the vessel seven times for aneurism with success; but, within the period of doing so, I am not aware of any case that has terminated favourably in this city,—while I have either seen or heard of four that ended badly; viz., one by inflammation of the vein, one by mortification, one by hæmorrhage, and one by amputation. It is usual to attribute untoward occurrences to some peculiarity in the constitution of the part or patient; and there can be little doubt that varieties of this kind may have some influence over the result. But I feel quite sure that attention to some minute points in performing the operation, has a much larger share in determining whether it shall be favourable or unfavourable."

The meaning of this passage is obvious. From it the public and the profession are to infer, that Mr. Syme has had nearly twice the practice in this particular of all his brethren collectively; and that while success has in every case been on his side, failure has in every instance attended them. Mr. Syme's use of the cautionary phrase, "I am not aware of any case that has terminated favourably in this city," does not tend to qualify the above conclusion; for, from the minute account that he gives of the cases which, he says, have failed, his readers are led to the conclusion, that he has paid particular attention to the subject, and has kept an accurate register. Whether this

statement of Mr. Syme be numerically true, is comparatively immaterial: in this particular respect, the labour of searching the journal of the hospital, and sifting the history of private cases, would greatly outweigh any corresponding advantage. It will be enough, however, to observe, that Mr. Syme has been nearly twenty years in practice in this city; and, as the whole hospital and private cases in which popliteal aneurism has been treated by ligature of the femoral artery during that term are included, for there is no distinction drawn between them, nor any limitation in time, the statement, both as to numbers and results, comes in a very "questionable shape."

The comparative numbers, however, are not the most offensive part of the passage. The causes to which failure is ascribed by Mr. Syme are tantamount to a specific charge of professional incapacity against the operators of this school. He says, "*It is usual to attribute untoward occurrences to some peculiarity in the constitution of the part or patient;*" but he feels "quite sure that attention to some minor points in performing the operation, has a much larger share in determining whether it shall be favourable or unfavourable." The meaning of this passage is as obvious as the last: in every case the other operators in Edinburgh have failed; and the presumption, therefore, is, that a want of attention in performing the operation has been the chief cause of the unfavourable results of their practice. In short, according to Mr. Syme, all his competitors in this city have been professionally incapable, or, what is worse, deficient in the attention requisite to tie the femoral artery successfully. On this point it will be sufficient to enumerate the principal individuals who have operated in Edinburgh during the period referred to, to show that there is as little ground for his disparaging insinuation, as there probably is for the small number of cases which he has assigned to them; most of them are individuals known to the profession generally, by their contributions to its literature and improvement, and all are eminent in Edinburgh. In the illustrious list we find the names of the late Professor Turner, Mr. Syme's predecessor, Sir Charles Bell, Sir George Ballingall, Dr. Campbell, and Dr. Robertson. We have also the famous Mr. Liston and Mr. Ferguson, now both of the London school; Mr. Lizars, and Mr. Watson; and, amongst the youngest branches of the profession, we have Dr. Handyside, Dr. Duncan, and Mr. Miller. In addition to those, numerous others could be named, none of whom are Mr. Syme's inferiors, but the remarks are purposely confined to those connected with the hospital.

In the report referred to, there is another circumstance which renders it doubtful how far Mr. Syme's accuracy can be relied upon, even in reference to his own practice. Regarding that of others, he must, of necessity, be still more faulty. The third case of popliteal aneurism, that of John Lockie, which he reports, is stated to be one in which recovery was "ultimately effected" (p. 5). This is a mistake, and one which, from the result of the case, is of a very serious character. The facts are these:—On the 30th of April last, the femoral artery of this patient was tied; "the swelling was slow in undergoing absorption;" and, when he left the hospital, Mr. Syme admits "there still remained some enlargement of the limb." The man, as we are informed, returned to his employment of a shopkeeper. Subsequently there appeared, what is designated as a "swelling in the calf of the leg," in the situation of the original tumour. This burst some time in October, and discharged "a large quantity of matter mixed with coagulated blood." In the month of November he was re-admitted into the house; and, in the clinical report of the case, it was stated, that shortly after the first discharge, about 5 lbs. of fluid blood were lost; a bandage, pressure, and the usual means, for a time, restrained the hæmorrhage. A few days before admission, another discharge ensued, 50 per cent. of his cases. Such a contrast when about 4 lbs. more were stated to have escaped. After a consultation, to restrain effectually the hæmorrhage, amputation was resolved on. This was done in the beginning of December, and on the 21st of that month the patient died.

This is one of these cases on which Mr. Syme rests his claim for superiority, and it stands reported as one in which the vessel was tied "for aneurism with success," and in which recovery was "ultimately effected." I do not wish to insinuate anything against the surgical skill of Mr. Syme; but, from the history of the case, the incomplete swelling, the subsequent refilling and bursting of the sac, with the profuse hæmorrhage, it would appear that a want of "attention to some minor points in performing the operation" may be as sufficient to account for the unfavourable result, as any "peculiarity in the constitution of the part or patient." As the writer is not animated by personal feeling, however, and does not wish to overdraw an unfortunate case for any party purpose, he may remark, that the "peculiarity" here referred to was quite sufficient to account for the fatal result.

Another objectionable feature in Mr. Syme's statement is, that it is partial in its nature, and even although accurate in every respect, is a very doubtful criterion of comparative excellence: in Mr. Syme's own case such partial comparisons would tell with fearful force. In the operation for lithotomy, according to the uncontradicted statistics contained in Mr. Miller's "Inquiry into the Average Mortality in Lithotomy Cases," it appears that after a great number

of operations, Mr. Syme's mortality averaged as this would afford, when compared with the success of Mr. Liston, and that of several other gentlemen already named, would give an idea of Mr. Syme's operating and general surgical skill, far from flattering. Mr. Syme should not, therefore, try the system of partial comparisons; the writer would even suggest to him, what may have probably presented itself to his own mind, the propriety of not trusting his reputation too much even to a general numerical inquiry. In reference to general surgery, as seen in the wards under Mr. Syme's care, it is evident to every observer that, both as regards the success of operations and general practice, he is much inferior to Dr. Robertson, who, as to number of wards, patients, and other conditions, is in precisely similar circumstances; to be second to Dr. Robertson, however, is no disparagement of Mr. Syme, or any surgeon. That Mr. Syme should feel uneasy on the subject of professional average is quite natural, as that of Mr. Miller still stands unassailed. He should, however, abandon the practice, because no good can accrue to him let it be pushed to whatever length, and as they always rest on comparisons, they tend to induce acerbity of feeling, and engender professional dislikes which have been so long the disgrace of medical men.

On the subject of reporting, Mr. Syme should, however, bestow more attention. In the pamphlet of Mr. Miller already referred to, at least one awkward inconsistency is pointed out. In his report of the aneurism case noticed in this letter, it is also evident that something essential has been overlooked. A little attention would effectually prevent such errors, and accuracy in a medical report is of paramount importance.

A MEDICAL OBSERVER.

Edinburgh, Jan., 1841.

CYCLOPÆDIA OF SURGERY.

To the Editor of THE LANCET.

SIR:—The prospectus of "Costello's Cyclopædia of Surgery," sets forth that a part will be published every alternate month. It would be as well to remind the publisher, that No. 8, which was advertised for December 1, 1840, is due. To show the extreme irregularity with which this work has been brought out, the following are the dates on which the parts successively appeared:—No. 1, in April, 1837; No. 2, in August, 1837; No. 3, in July, 1838; No. 4, in January, 1840; No. 5, in March, 1840; No. 6, in July, 1840; and No. 7, in October, 1840. Is this justice to the subscribers?

By inserting the above in an early number of THE LANCET, you will greatly oblige your humble servant,

February 13, 1841. MEDICUS.

THE LANCET.

London, Saturday, February 27, 1841.

THE London Medical Corporations are going to reform themselves. They begin late in the day. But the celerity of their movement promises to be proportional to the tardiness of its commencement. It is not many weeks since they coalesced, and appointed committees; yet we are told, in the petition from the Royal College of Physicians, that the measure of reform in which they are engaged, "will *shortly* be submitted to the Legislature." The "reform in their own body," like the winter's sun, rises late on the horizon, and will soon set—or, rather, like some flaring meteor, flashes along the sky, to dazzle the beholders for a moment, but to deceive no one who has studied these falling stars, and knows the vapours of which they are composed. What is the motive in which this measure of reform originated? What is its object? Is the constitution of the Colleges corrupt? Are the councils sensible that they no longer supply the wants of the public? Or are the irresponsible governing bodies conscious that their proceedings are not satisfactory to the profession? Their corruption is of ancient date, and their proceedings have been for many years unsatisfactory; how, then, does it happen, that the "measure of reform in their own body" was never undertaken before, or is undertaken now? Could they not wait until they were reformed by the Legislature? Who asked them to prepare a measure of reform? They are in a great hurry, assuredly, to give themselves physic.

This leads us to inquire what course of policy the councils of the Colleges will pursue, and what course of policy they ought to pursue—which are widely different questions. Their present policy is clearly enough depicted in a petition to the House of Commons, to which the names of Sir H. HALFORD, Dr. GEORGE BURROWS, Dr. J. BRIGHT,

Dr. B. J. Babington, and Dr. R. B. Todd, are attached. We regret to say that it is marked by guile, falsehood, and misrepresentation — the serpent's old weapons. They tell the *House of Commons* that the division of the medical profession into the several departments of the physician, the surgeon, and the apothecary, has been created by the public itself, and will continue to exist, notwithstanding any attempt which may be made to unite the *functions* of the three in one; and they thus insinuate that the grand object of reformers is to interfere with the natural divisions of labour, and that reform is an *attempt* to unite the *functions* of "three in one."

We deny entirely the proposition that the several departments of the physician, the surgeon, and the apothecary, have been created by the public. The Apothecaries' Company was created a licensing medical body by the College of Physicians, and by an Act of Parliament passed, by their connivance, in 1815. The College of Physicians struggled for many years to deprive the people of England of qualified medical advisers; to maintain an odious monopoly, and, to aggrandise themselves, they threw as many obstacles as they could in the way of medical education; refused, at first, to license the graduates of foreign, or even of British, universities; and when they did grant the license, degraded their licentiates by shutting them out from the College, and depriving them of all rights and privileges. In 1815 they sent the thousands of medical practitioners educated in the London schools, and required by the country, to be licensed by a company of trading druggists—namely, the London Company of Apothecaries—men of no scientific eminence, and entirely unfitted to test the qualifications of the practitioners into whose hands the lives of the great majority of Englishmen were committed. It is no answer to this to say, that the students of the London schools have, within the last fifteen years, been better educated, by distinguished teachers, in the practice of their profession, than the graduates of the universities; or that the examinations at Rhubarb-hall, bad and inefficient as they avowedly are, have been more searching, extensive, and strict, than either the examinations at the College of Physicians, or the quarter of an hour's conversation at the College of Surgeons, which was got up by a month's grinding, and terminated in the purchase of twenty guineas' worth of parchment. If there had been any enlightenment, any liberality, any attachment to science, any respect for the profession of medicine, or any love for the country, in the College of Physicians, would they have handed over the responsible duties with which they had been entrusted by ancient Acts of Parliament to the city apothecaries?

And now that they are "poor, even to bankruptcy," they propose to pension two indigent "fellows" upon the Apothecaries' Company. Two fellows are to be present at the Rhubarb-hall examinations. This is the reform which they are prepared to submit to the Legislature! How much of the £2000 or £3000 a-year raised by the Apothecaries' Company, is to be given up for this vast concession? The medical students of the London schools are to be licensed to practise and vend drugs by the trading city company, in presence of two fellows; while the College will kindly condescend to examine and license their friends, the chemists and druggists, in Pall-mall! How gratifying must it be to the president and his lofty associates, who know Greek, to see the intelligent students of the metropolitan and provincial schools driven to the hall which is licensed to sell pepper, in Blackfriars!

What an admirable stroke of policy to *degrade* the medical practitioners of the empire, and upon that degradation to build the supremacy of Pall-mall, in the sacred name of reform! Eternal powers of cunning, meanness, oppression, and hypocrisy—what are we to expect next, at the hands of your servants?

The policy of the College of Physicians seeks, therefore, to elevate the druggists

into formidable antagonists of the general practitioners,—to depress the latter class of rivals,—to lend a countenance to an irresponsible contemporary corporation, and to obtain pensions from a drug company for two destitute fellows. Will this save them from "bankruptcy?" Their petition asserts,—

"That a course of study and a test of competency adapted to each particular branch of the profession, afford a much surer guarantee for a high standard of qualification in the practitioner, than can be obtained by a course of study and examination common to all; that the abolition of all distinction of rank in the medical profession would tend *to degrade the profession* in the eyes of the public, and diminish its usefulness by removing the stimulus to professional exertion, which at present exists in the legitimate ambition of rising from the lower to the higher grade."

We are not now going to discuss the question of grades in the medical profession; but the College of Physicians is well aware that the present grades, titles, and ranks—if there be any—are founded upon purely arbitrary principles. By insisting upon a certain number of expensive terms at the Colleges, and nominal medical examinations, the English universities introduced a *money test*; the degree was evidence of the expenditure of a considerable sum of money. But this was happily evaded, in the first place, by the Irish graduates, with the *ad eundem* degree; and in the second, by the Scotch graduates, at Edinburgh, Glasgow, Aberdeen, and St. Andrew's, where the expense of residence and education was equally cheap. For £200 or £300 a man obtained the degree of M.D., and as much medical knowledge as the graduate of the English universities. All these gentlemen became *doctors*. On the other hand, if the Englishman became the pupil, not of the tutor of an university, but of a medical practitioner, and a provincial infirmary, for five years, and then resorted to the metropolis for three years, diligently attending lectures during all that time, studying the cases in the wards of large hospitals, and paying enormous monopoly fees to the medical officers, he had the right—after expending £1000—to two pieces of parchment, and the rank of surgeon or apothecary. He did not become a *doctor*; and all the advantages, all the instruction of the eminent teachers in the metropolis, only conferred upon him the lowest *grade* in the profession: yet it would be perfectly absurd to pretend that the medical education in the metropolis, to which all men of eminence resort, when they can, from every part of the United Kingdom, is not infinitely superior to the education at the English and Scotch universities, or the small German universities, where the doctor's degree is still sold upon easy terms. Let any one who would dispute this, compare for an instant the hospitals and professors of Dublin, Cambridge, Edinburgh, Aberdeen, and London.

The establishment of the University of London has placed the London schools, in respect to the acquisition of titles, upon a level with the universities; and when the examinations are conducted there with any degree of propriety, students will, undoubtedly, take out their degrees of B.M. and M.D., and enjoy the same uniform high rank as the students of St. Andrew's, Edinburgh, or Oxford. That question is settled. Does the College of Physicians, then, conceive that the London apothecaries can be sustained by the presence of two of its fellows at the examinations? Will the Apothecaries' Company dare to prosecute the graduate of the University of London?

The constitution of *our* Faculty of Medicine in the United Kingdom will not, therefore, abolish all distinction of rank. That is effected already by the virtual extinction of the Apothecaries' Company; and by the simple exposure of the insignificance, baselessness, and worthlessness of the present titles, which are bestowed without discrimination, and have no specific signification.

It is not disputed that it is a disgrace to belong to the Apothecaries' Company; and that it is equally disgraceful to be admitted at the College of Surgeons, or the College of

Physicians, after examinations which are no test of qualification, to the rank of licentiates,—or members without rights, powers, or privileges. In the present unsettled state of things, no one will, indeed, throw away his money or time upon their certificates, unless he be driven to them by urgent necessity.

It is curious to hear the College of Surgeons use the same argument as the College of Physicians—that the licence to practise conferred by *one* body, will *abolish all distinctions* of rank in the medical profession, while its own members have undergone one examination (such as it is), and been admitted at one door,—notwithstanding which we hear of "pure surgeons" practising, as Mr. GUTHRIE would say, "in the *higher walks* of the profession."

A PAMPHLET has just appeared by Mr. GREEN, entitled, "*The Touchstone of Medical Reform, in Three Letters, addressed to Sir Robert Harry Inglis, Bart., M.P.* Why the letters are termed "*The Touchstone*"—and why they are dedicated to the sleek, oily, capon-lined man of God, Sir HARRY, we shall not stop to inquire, but shall give a few isolated quotations, on one or two subjects of importance.

Mr. GREEN agrees with us, that the Apothecaries' Board of Examiners, which was called into existence in 1815, must cease to exist:—

"But perhaps the omission of any distinct board of *General Practitioners*, corresponding to the Society of Apothecaries, cannot be wholly passed over without some notice. It is, however, evident that any board for examinations would be wholly unnecessary, as those described above include the requisite means for determining, by those best qualified by their education and attainments, the qualifications of candidates;—and we repeat that *any separate board would be unnecessary*, notwithstanding that we cheerfully admit that the amelioration and improvement of the education of students in London has been mainly owing to the regulations of the Society of Apothecaries.—[This is true: but how disgraceful is the omission to the College of Surgeons and the College of Physicians.]—*But we see likewise a great evil in the establishment of any separate corporation or governing body for this professional class;* and we cannot but think that the general practitioner himself must, on reflection, see the injurious tendency of any institution, which would be likely to alienate him from those bodies, the character of which tend to give him rank and estimation, and the constitution of which ought to provide inducements and facilities, as is the case in the projected class of Honorary Fellows of the College of Surgeons, for the continual ascension of the general practitioner into the higher grades of the profession, wherever his talents and attainments qualify him for it. It must be likewise remembered that if any such board were established, it must consist of those General Practitioners who live in London. Now in respect of the higher departments of the profession, it is abundantly clear that those of the greatest attainments will be found in the great metropolitan mart of fame and fortune; but for that very reason, the pre-occupation of the posts of honour, namely, it is most likely, as indeed is the fact, that in the class of general practitioners those most eminent in practice, and the most sedulous cultivators of their profession as a science, will be found elsewhere than in the metropolis. How little too any hope of founding such an institution in London, in accordance with the requirements of a liberal profession, can be entertained,—will be found in the fact, that *no feasible means have been, or can perhaps be, devised of separating it from the city guild and trading company of Apothecaries.*"

The following are the reasons which led Mr. GREEN to write:—

"The present Session of Parliament is perhaps destined to effect important changes in the medical profession, and, as the interests of society at large, no less than those of the members of the profession itself, are seriously involved in the question of securing the efficiency, and of promoting the improvement, of those to whom are intrusted the indispensable functions of preserving and restoring the health of the community, it may be deemed scarcely less than the duty of every one who can claim any practical acquaintance with the subject, to offer such results of his experience and meditation, as may tend to prevent the ill effects of crude and hasty legislation, and as may aid the profession, the public, and the legislature in bringing to a successful issue—the difficult undertaking implied in the term *Medical Reform*. It is in this spirit that I venture to offer to you the following suggestions, which, whatever their defects may be, will have answered their purpose, if they serve to assimilate the views of the parties interested in the discussion, by elucidating the grounds upon which the mea-

sure in question may be safely based, and the principles required for the guidance of those who undertake to re-model the medical profession, in consonance with its dignity and welfare, and with the needs and requirements of society inseparable therefrom."

In the first letter he discusses the qualifications which the community would necessarily require in a medical practitioner. They should consist in—

"1st, The possession of *technical knowledge* and *skill*, in that degree which shall enable each member of the profession to apply all the resources of art, which the whole profession can supply. 2dly, *Scientific insight*, or the possession of the knowledge of those laws or rational grounds, which form at once the principles and ultimate aims of all professional knowledge. And, 3rdly, The *character of a gentleman*;—that his conduct shall be the pledge and proof that he pursues his profession as a libefal science, and that, in all his dealings with his patients, his professional brethren, and the community, he is ever guided by the principles of strict professional honour."

The following passage refers to the second head, and is a favourable specimen of Mr. Green's peculiar transcendental phraseology, which cannot obscure his English good sense, nor extinguish the pure spirituality or morality of his mind, when it is not borne down and obfuscated by the incorporate, gross, mundane atmosphere in which he lives, breathes, and has his being:—

"Disjoined from, or undervaluing and neglecting, the patient and persevering details of observation, the search for facts, and the wakeful attention to them when presented, the healing art would soon fall back to the state in which during a portion of the middle ages it actually existed, when medicine was little better than a fantastic branch of logic. On the other hand, wholly separated from all speculative science, from all reference to law and ultimate principles, it would necessarily become a mere collection of cases, of facts without any *copula* that might render them severally or collectively intelligible,—nay more, without any security or warrant that the supposed facts are actually such, or that the most important incidents may not have escaped the notice of the observer, while non-essential or merely accidental circumstances have taken their place. The *compendia* of medicine would amount to an ever-enlarging recipe book, a collection of recipes with asserted cures; no small part of the credibility of which must rely on the old, often-detected, but always powerful sophism, *Cum hoc, ergo propter hoc;*—the man was ill;—he took this or that medicine, he got well again, and therefore this medicine cured him! Those who have amused themselves with the history of new medicines in each successive age or generation, will not ask for further proofs of what I have here advanced. But this is not all. It is not in the nature of the human mind to remain satisfied with the mere record of always imperfect cases, of sight without insight, which must always be imperfect, and will often be erroneous. If the processes of the observing and recording understanding are not organised by the reason; if they are not contemplated in the light of a law, or in preparation for the discovery of a law, the imagination and the passions will take their place. Ostentatious affidavits and displays of particular cures will become legitimate proofs of the efficacy of medicines, and the *methodus medendi;* and the charmer and the poisoner will display as numerous trophies of successful practice, as numerous a list of strange recoveries from fearful diseases, as the soberest and most sensible dealer in authorised recipes; and the only legitimate test of skill and science will be the answer, which the shrewd empiric made to the physicians of Louis XIV., who had demanded on what qualifications he presumed to prescribe for the king,—'Your drugs have not cured his majesty of his complaint, and mine will.' Fortunately for his majesty the *nostrum*, it appears, was Peruvian bark. But the same answer, with less provocation, and tenfold insolence, has been returned in our own days, where the drugs have been of a less innocent nature; and the results have shown that those who pretend to cure, without knowing, or wishing to know, why or how, will likewise kill or mutilate with as little remorse, relying as they safely may on the old rule, that where hope and desire are in play, one lucky hit will be remembered where twenty failures are forgotten. '*Eadem est ratio fere omnis superstitionis; homines advertunt eventus ubi implentur, aut ubi fallunt* (*licet multo frequentius*), *tamen negligunt et prætereunt.*'— Bacon Nov. Org. Aph. xlvi.

"The conflict of science and systematised experience with quackery, of the liberal cultivator of science with the contraband trader in nostrums and stolen fragments of knowledge, is indeed a sacred war! Though I fear it would be hoping too sanguinely of human nature not to admit, that it will endure as long as physical or moral infirmity place men in those states which eminently favour the predominance of the passions and the imagination over conscience, reason, and judgment. But, assuredly, if such be the sources of the success of fraudulent empiricism, they ought to excite a wholesome jealousy, an honourable solicitude in the legitimate candidate for the medical profession

to stand aloof, at a far distance, from the very appearance of tampering with such unholy aidances. '*To act in the spirit of science where I can; by the mere light of experience without scientific insight where I must; but with the uniform avoidance and contempt of quackery in all cases*"—this is, or should be, the code of morals for every medical practitioner."

On reading, in the *Stockport Advertiser* of February 12th, for the second time, the report of the proceedings at Stockport, relating to the election of a coroner for the county of Chester, we are irresistibly impelled to inquire, before offering one word of comment on the remarks of the speakers on the hustings, whether that report be correct; and we hope that some gentleman who was on the spot will have the kindness to answer this question, in a private note, and to authenticate his statement with his name and address, communicated to us confidentially. Is Mr. Hollins, the coroner, a solicitor by profession?

BREVIATE OF THE CLAUSES

RELATING TO

MEDICAL RELIEF,

PROPOSED FOR INSERTION IN THE

POOR-LAW COMMISSION BILL.

Clause 1. The Queen to appoint a "poor-law medical director" for England and Wales, "being a duly-qualified physician or surgeon, with full powers to superintend all matters concerning the medical relief of the poor, subject to the approval of the poor-law commissioners.

2. The medical director to settle the extent and boundaries of medical districts within three years, and submit the scheme to a secretary of state, to be laid before Parliament. No district to contain more than 10,000 inhabitants; or, if above one and a half square mile in area, more than 6000; or, if above twelve square miles, more than 10,000.

3. Guardians to form a "medical pauper list" for each parish, containing the names of all for whom they intend to provide medical relief; and to revise the same annually, adding, at their discretion, names of poor persons *in health;* copy of list to be sent to the medical officer, who, on application, shall forthwith afford medical relief.

4. Annual remuneration for each individual on pauper list, to be fixed at the beginning of the year, by the guardians, subject to the approval of the medical director within the limits, of 3s. and 4s. To be augmented one-fourth in parishes of more than one and a half square mile in area, and *two*-fourths in those containing more than twelve square miles; also, in case the medical officer does not reside within the parish, or within one mile thereof, to be further augmented one-fourth for each mile of distance from his residence to the nearest boundary parish.

5. Relieving officers, overseers, and *justices*, may grant orders for medical relief to poor persons not on the pauper list; orders to expire in three months. Remuneration for any order to be *double* the rate (including augmentation) for each individual on the medical pauper list of the parish in which the case occurs; but in cities and towns containing more than 10,000 inhabitants, the limits of remuneration to be 4s. and 5s. per case.

6. Remuneration for workhouses to be fixed annually within the limits of 4s. 6d. and 6s. for each individual, of the average weekly number of inmates.

7. If guardians provide their own medicines and a dispenser, remuneration to medical officer to be reduced *one-half*, exclusive of and without affecting augmentation for distance and area.

8. Guardians to fix, annually, remuneration for midwifery; *consultation* cases to be paid for at the rate of one guinea each, with 1s. 6d. per mile.

9. Every medical officer to make an annual district report to the medical director, for which he is to receive one guinea; and the medical director to make a general current report, to be annexed to the annual report of poor-law commissioners.

10. Any medical officer to forfeit his appointment on proof of neglect, or refusal to administer medical relief, *being shown to the medical director.*

11. *Tenders* prohibited both under this Act and under the Vaccination-Extension Act.

12. No person eligible to the appointment of medical officer unless duly qualified to practise in both physic and surgery, except existing practitioners; nor *any* to be eligible who have not been in practice three years.

*** Thef oregoing breviate has been forwarded to us, by Mr. Rumsey, for publication, in place of the clauses at length, which we received too late for insertion in last week's Number.

THE MEDICAL CONFERENCE.

On Tuesday, the 16th inst., a deputation from the medical delegates, now assembled in London, had an interview with the president and vice-presidents of the Royal College of Surgeons. The following gentlemen attended:—Dr. Forbes and Mr. Ceely, on behalf of the *Provincial Association*; Dr. Webster and Mr. Davidson, on behalf of the *British*; Mr. C. T. Carter, secretary of the conference, on behalf of the *North of England*; Mr. Grainger for the *Cornwall*; Mr. Smith for the *South Devon*; Professor Sharpey for the *East of Scotland*; and Mr. Farr for the *Glasgow*. (The delegates from the Medical Association of Ireland (Mr. Carmichael, Dr. Macdonnell, and Dr. Maunsell,) had not then arrived in London, having been detained by some recent proceedings in the Dublin College of Surgeons, relative to the Medical Bills of Messrs. Warburton and Hawes. They have attended the meetings of the conference during the present week.)

The president of the college, Mr. Vincent, said, that the council would not meet for several days, but that as he and the vice-presidents were, *ex officio*, empowered to receive deputations, it had been thought proper to accede at once to the wish of the delegates to confer with the college, and he had accordingly invited them to the present interview. A committee of the council had for some time been engaged, in conjunction with the College of Physicians and Apothecaries' Company, in deliberating upon certain changes in the constitution and government of those bodies; but as the proposed amendments were still under discussion, the council could not be answerable for anything which might be said by his colleagues or himself on the present occasion. He should be happy to hear any statement which the deputation might have to make, and to communicate it to the council.

The interview lasted two hours. The following document, a copy of which was left at the college, was read by the secretary of the conference:—

OPINIONS OF THE MEDICAL CONFERENCE ON CERTAIN LEADING POINTS CONNECTED WITH THE SUBJECT OF MEDICAL REFORM.

1. That the legally-qualified members of the medical profession in Great Britain and Ireland, should be incorporated into three faculties, or corporations; one in England, a second in Scotland, and a third in Ireland. The legal qualification is understood as being possessed by persons who are graduates, members, fellows, or licentiates of any of the existing chartered, or otherwise legally-constituted universities, colleges, or corporations, established in these realms, and by all persons otherwise legally qualified to practise medicine throughout the same.

2. That the government of each of the aforesaid corporations, or faculties, should be vested in a council, elected by the votes of the commonalty.

3. That an uniform test of qualification should be ordained for, and that equal legal rights, immunities, and privileges, should be enjoyed by the members of each faculty.

4. That it is most desirable that uniform arrangements should prevail throughout each portion of the United Kingdom, with regard to the education of all persons who may become candidates for a *licence* to practise medicine.

5. That, in the opinion of the conference, the two latter objects would be *most effectually* promoted, through the intervention of a general medical senate.

6. That a board should be established in each capital of the empire, for conducting the examinations of persons who may be desirous to obtain a *licence to practise*.

7. That such licence should be granted (after successful examination) by the councils of each kingdom, and that no unlicensed person should be allowed to practise medicine for remuneration or gain in any part thereof.

8. That a register should be kept, and an annual list published, of all legally-qualified medical practitioners.

9. That the conference respects, in the fullest manner, all existing medical universities, colleges, and corporations, so far as they are compatible with incorporation of the whole profession, representative medical government, and uniformity of qualification of those persons who shall receive a licence to practise medicine in Great Britain and Ireland.

By insisting upon uniformity in the qualification of all persons who may be *licensed to practise*, the conference must not be understood as wishing to interfere with the power of any university or college to grant degrees, diplomas, or titles in medicine and surgery, or to make its own regulations, with respect to the admission of members. Neither is it the desire of the medical associations to deprive those bodies of the funds required for the due maintenance of their several establishments. At the same time the delegates beg to express their strong conviction, that in justice to the public, no less than to the medical practitioner, honorary degrees and titles should be conferred by the universities and colleges of each country, on some clearly-defined and *uniform* principle.

10. In the opinion of the conference, it is highly necessary to the public health, that measures should be taken by the Legislature to secure a proper superintendence of the trade of chemists and druggists, although it has not been considered expedient that any provision, in reference to this subject,

should be introduced into a Bill for the amendment of the laws relating to the medical profession.

A deputation had an interview with the president and fellows of the Royal College of Physicians on Thursday last.

BRITISH MEDICAL ASSOCIATION.

The following Report of the Committee appointed by the Council of the above Society, is that referred to in the proceedings of last meeting.

C. H. Rogers Harrisson, Hon. Sec.

MEDICAL CONFERENCE.

The deputation appointed by the British Medical Association, to confer with Sergeant Talfourd and Mr. Ceeley, on the subject of the Poor-laws, have to report to the Council that, in pursuance of their instructions, a meeting, which was also attended by Drs. Webster and Marshall Hall, and Messrs. Evans and Carter, took place at the House of Commons, on Thursday, the 4th instant, and that the whole subject of medical relief, and the improvement of the laws respecting it, was fully considered and discussed.

The deputation felt much disposed to coincide with most of the views entertained by the Poor-law Committee of the Provincial Medical and Surgical Association, which are so ably expressed in the clauses drawn up by them, and proposed to be inserted in the Poor-law Amendment Bill, now before the House of Commons, instead of, and in addition to, those prepared by Sergeant Talfourd. But the deputation was repeatedly assured by Messrs. Wakley and Talfourd, that to attempt to embody these clauses in the bill was useless; nay, worse, that it would be prejudicial to the cause the Council have so much at heart, as the attempt would be sure to be defeated, and, in that way, greatly embarrass all future proceedings, if not altogether put a stop to them.

After a discussion which was continued for more than two hours, it was determined that the wants of the medical profession might be embodied in a few distinct propositions, having relation to the size of unions; to the amount of population of unions; to a minimum of salary for the medical officers employed; to a total abolition of the system of tender; and, lastly, to the appointment of a board, or medical director. These Sergeant Talfourd very kindly undertook to prepare; and it was unanimously agreed that it should be the endeavour of the deputation to get the substance of these inserted in the Bill. To effect this purpose, Messrs. Wakley and Talfourd sought and obtained a promise from Lord John Russell, that he would see the whole deputation on the following Saturday at the Colonial-office. At this interview his lordship acknowledged, that on the showing of the deputation, that which was requested appeared reasonable; but he added that, before he expressed any further opinion upon the matter, he should like to have the desired clauses fully drawn out, in order that his lordship might have an opportunity of consulting with the Poor-law Commissioners upon them, and taking their opinion as to the propriety of introducing them, and as to the effect they would produce. Messrs. Sergeant Talfourd and Wakley again very kindly undertook to prepare for his lordship's inspection some clauses which should embody the desires of the medical profession, and to forward the same to him; and Mr. Wakley informed his lordship, that the profession were very anxious to have the support of the Government upon the points which would be submitted to his lordship's consideration; and that they were the more emboldened to ask for this, as all that the profession desired had been recommended to be granted by the committee of the House of Commons on the Poor-laws, which sat in 1838, and of which his lordship had been so influential a member.

Dr. Webster having reminded Lord John Russell that the subject was not altogether new to his lordship, as the wishes of the Council of the British Medical Association had been submitted to him during the last year, in a letter from the secretary of the Association, a copy of which he would take the liberty of again presenting to his lordship.

It was then arranged that after Sergeant Talfourd had submitted to his lordship's consideration the clauses he had undertaken to frame, and the Poor-law Commissioners have had an opportunity of expressing their opinions thereon, his lordship would again see the deputation, and communicate to them the determination at which he might arrive. The deputation then retired.

Dublin Dispensaries.—The Committee of the General and Parochial Dispensaries of Dublin (City) have forwarded a petition to Mr. Fitzstephen French, M.P., for presentation to the House of Commons, from the physicians and surgeons of the above dispensaries, praying that adequate remuneration may be given for their future services.

This petition, Mr. Labatt, the Secretary, informs us, "has met with the decided approval of the medical profession in Dublin, all the principal members and professors of the University, and of the Colleges of Physic and Surgery, having signified such to be the case by affixing their signatures thereto."

PROPER NAMES AND ADDRESSES.

To the Editor of THE LANCET.

SIR:—Being deeply interested in medical reform, I beg leave, with all due deference, to submit to yourself, and likewise to the readers of your truly excellent, liberal, and scientific Periodical, whether it would not be more consistent with science and truth for every correspondent to attach his proper name and address to his communications. I was forcibly struck with the necessity of this, whilst perusing the concluding portion of Mr. May's letter, contained in LANCET, Dec. 26, 1840, to the following effect:—"Should the surgeon be disposed to offer further queries or observations, perhaps he will favour us, also, with his *name*, of which, I trust, he is not *ashamed*." This appears to me to be a very sensible and just remark, coming from a gentleman who very properly authenticates his document. It is both honest and respectable, and well marked by dignified expression, requiring fair play, a redeeming qualification, from his anonymous attacker; the correctness of which must be evident to all, when justly considered. No doubt, while the present evil exists, we obtain much private valuable information through the timid; but would not a positive refusal, on your part, to publish any communication in the unparalleled Journal alluded to, unless properly signed, tend to make those fearful, nervous subjects, sufficiently bold to perform that which is right. In the various debates carried on in all the different excellent medical societies, whatever difference of opinion exists betwixt the members, all are duly characterised by the publication of their proper names; then why should we permit any one, under an assumed name, to have the power to inflict a blow, in an assassin-like manner, in the dark? Yet such is the fact; it is allowed; surely, this should not be; it must be always associated with real danger to a liberal profession. Again, even supposing, Mr. Editor, that you are in possession of most, or all the names of these anonymous writers, I hold it essential that the correspondents, particularly the attacked, be justly entitled to as much, for their own satisfaction.

With respect to another class, some of our generally unknown superiors, it is really a pity that a false pride should tempt them to disguise themselves; men of sterling value, to whom fair praise is due for their inestimable and unceasing labour for the public weal: I regret they will not permit us to participate in a reality, instead of an assumed, "but the wonder!" I am, Sir, your obedient servant,

THOMAS SMETHURST, Surgeon.

Spencer House, Ramsgate,
Jan. 25, 1841.

*** In inserting this letter, we admit the correctness of some of the views of our correspondent; there are, however, many exceptions to the rule which he has laid down; and we question if the present practice, which seems to have obtained the sanction of long usage, could be altered to any extent, without producing more injury than benefit. Without doubt, anonymous attacks on character are mean and dastardly, and cannot be too strongly reprobated.

ABUSES IN GUY'S HOSPITAL AND SCHOOL.

SEVERAL complaints have reached us from students of the above hospital, of irregularity in the visits of the physicians and surgeons, and of the lecturers in the school. With regard to the latter, one correspondent observes—"It so happened, with Mr. Key's lecture, last night, there being no message sent to say he could not attend, until the time had arrived for its commencement. I think it far from right that we should be so trifled with, having paid dearly for the instruction now so irregularly given us." If these complaints be true, what can the treasurer, Mr. Harrison, be thinking of to permit such negligent proceedings? We know that he is a rigid disciplinarian, and as such deserves credit. If the physicians and surgeons be too much engaged in "taking fees of patients" to perform their public duties, the sooner they give up their appointments the better; there are many who would very willingly undertake them, and perform the required duties as effectually, perhaps, and certainly with more diligence, than the officers in question.

TO CORRESPONDENTS.

Borough Student. Why did our correspondent attach the word "private" to his letter? The circumstances, if they are correctly stated, are most disgraceful, and ought to be published, if the facts are properly authenticated.

The publication of a report of the inquest at Enfield would subject us to actions for libels. It is clear that the coroner acted illegally in refusing to hold the inquest, after having received due notice, when it was quite evident the cause of death was an accident.

A communication has been received from *Mr. Heron.*

Communications have been received from *Mr. Ray* and *Mr. Rutter.*

Mr. Searle's communication shall appear in an early Number.

We are again obliged to defer the publication of the letter of *Philanthropus* from press of matter; it shall appear next week.